

HIPAA: Nuts and Bolts

Issue #1

As you probably know, the HIPAA compliance deadline is April 14, 2003. That means that by that date we must implement and follow the health information privacy standards outlined in federal law. Many of you have already fulfilled one of these requirements by completing the on-line HIPAA training program. You will be receiving a series of messages designed to give you more concrete information about how the HIPAA privacy standards may impact your unit. This is the first, and from Monday, April 7 to Friday, April 11, you will receive one email each day that explains one major aspect of HIPAA.

What's coming:

New policies

New forms

New patient rights

New processes in your area

Today's Focus: Notice of Privacy Practices

One new document that is about to be rolled out across OHSU patient care areas is the Notice of Privacy Practices (NPP). This document must be given to each patient at the first date of service after April 14, 2003. It describes what we do with patient information in the course of treatment, payment, and health care operations, and is designed to educate our patients about how their health information is used and disclosed at OHSU. So, suppose a patient presents at an ambulatory practice or at Admitting on April 15, 2003. She will be given a Notice and asked to sign an acknowledgement that she has received it. This acknowledgement must then be documented in the A2K system, on a screen that is being built for this purpose. This acknowledgement only needs to be obtained ONCE from a patient. Some commonly asked questions about the NPP are:

Where can I find the Notice of Privacy Practices?

OHSU is ordering the NPP and the acknowledgement from Realizon. It will be available in early April; contact your area manager about how to order it. The NPP icon will also be pushed out to most clinical desktops. Clicking on this icon will take you to the NPP. Finally, poster-sized versions of the NPP will be posted in key clinical care areas.

OHSU's HIPAA Team is coordinating with Logistics to identify optimal locations and post these. These posters will go up in early April. The Acknowledgement form can also be ordered from Realizon, and is posted on the web at

<http://ozone.ohsu.edu/healthsystem/HIS/mr4636.pdf>

What is someone who is not a patient asks for a copy of the NPP?

We are required to provide a copy to anyone who asks for it. We are not required to document this if the recipient is not an OHSU patient.

Will the NPP be available in multiple languages?

Yes. The NPP will be available in English, Spanish, Vietnamese, Chinese, and Russian.

What if a patient arrives and is unconscious or otherwise unable to sign an acknowledgment?

We are not required to obtain acknowledgement under emergency circumstances. However, we should attempt to do so at the first reasonable opportunity after things have settled down and the patient has been stabilized.

What about minors?

An NPP and an acknowledgement form should be given to the parent or legal representative of a minor. If a parent arrives with three children who will be treated, you may provide one Notice, but the parent should sign an acknowledgement form for each of the three children.

What if a patient refuses to sign the acknowledgement form? Should we refuse to treat them?

No. HIPAA says that we must make a good faith effort to obtain the patient's acknowledgement that they received the NPP. If we are unable to do so, we must document why, but may still treat the patient. On the A2K screen where acknowledgement of the NPP is recorded, there will be reason codes that you can use if you were unable to obtain the patient's acknowledgement.

What if patients have questions about the NPP?

A phone number is provided on the last page of the document. If you cannot answer a patient's questions, refer them to that number.

HIPAA: Nuts and Bolts

Issue #2: Patient Rights

As you probably know, the HIPAA compliance deadline is April 14, 2003. That means that by that date we must have processes in place that follow the health information privacy standards outlined in federal law. Many of you have already fulfilled one of these requirements by completing the on-line HIPAA training program. This is one in a series of messages designed to give you more concrete information about how the HIPAA privacy standards may impact your unit or area. For the next five days you will receive one email each day that provides specific information about HIPAA at OHSU.

Patient Rights Under HIPAA

Under HIPAA, patients are entitled to more information about and more control over their health information.

In issue #1 of *HIPAA: Nuts and Bolts* we considered:

1. The Right to Receive a Notice of Privacy Practices

In this issue we'll discuss:

2. The Right to Access Protected Health Information (PHI);
3. The Right to Amend PHI; and
4. The Right to an Accounting of Disclosures of PHI

2. The Right to Access PHI

Under HIPAA, patients have a right to examine and, if they wish, to receive a copy of, all the health information OHSU has on a patient that we use to make decisions about them. If a patient wishes to examine their health information and it is held in your area, you can allow them to do this. We strongly recommend that they do this with a health care professional present who can answer any questions the patient may have. If the patient wishes to examine their information held in multiple sites around OHSU (their billing records, dental records, and chest x-ray images), you should provide them with a form designed for this purpose. This form will be posted at <http://www.ohsu.edu/cc/hipaa/forms.shtml>. The patient should fill out this form and it then goes to HIS. HIS will work with the OHSU sites to collect this information, and will provide the patient with access to it within 30 days of the request. If a patient would like a copy of their PHI, we may charge a reasonable, cost-based fee for providing this.

In some cases, access to PHI may legitimately be denied. For instance, access may be denied if a health care professional believes that providing access to certain information may pose a danger to the patient or to others. If you're not sure whether you should allow the patient to see certain information, check with your manager or supervisor.

3. The Right to Amend PHI

Once a patient accesses their health information, they may think that certain information is incorrect or missing. Oral requests for changes can only be accepted to correct typos,

change demographic information, update insurance information, and correct billing or processing errors. All other requests for changes must be submitted in writing. A form designed for this purpose is posted at <http://ozone.ohsu.edu/healthsystem/HIS/mr4643.pdf> This form and any appropriate supporting documentation should be forwarded to HIS (medical record requests), Patient Billing Services or UMG (as appropriate), or the Office of Clinical Affairs in the School of Dentistry (if the request concerns dental records.) The patient will receive a response within 60 days of submitting their request. This response will let them know if their request has been granted or denied.

4. The Right to an Accounting of Disclosures

A disclosure is a release of information outside of OHSU. Sometimes OHSU discloses health information for reasons other than treatment, payment, or health care operations, and the patient has not authorized this. Examples of this are public health activities (reporting immunizations, birth and death certificates, cancer/tumor registries, pregnancy terminations), reports about victims of abuse, neglect, or domestic violence, information used for organ or tissue donation and transplantation, disclosures about decedents to coroners, medical examiners, or funeral directors, and other disclosures required by law. To learn more about these disclosures, see <http://www.ohsu.edu/cc/hipaa/resources.shtml>

Under HIPAA, disclosures that are not part of treatment, payment, and/or operations and that are not authorized by the patient must now be tracked. If a patient requests an accounting, or list, of these disclosures, we must provide them with one. In order to do this, OHSU has developed an Accounting of Disclosures (ADS) database. When a disclosure occurs, the person or area that released the information is responsible for making sure that this is recorded in the ADS system. Managers in each unit or area need to determine who in their area will be responsible for entering disclosures into the ADS system. Once this determination has been made, managers must pre-register these people so that access to the ADS system can be granted. To do this, managers should send these people's names and areas to acctdisc@ohsu.edu . Access and user information will then be sent. Once a disclosure has occurred, documenting this into the system within one business day is a good practice, but this *must* be done within five business days. OHSU is required to begin tracking disclosures on April 14, 2003.

If a patient requests an accounting of disclosures, you should have them fill out the form for this that is posted at <http://ozone.ohsu.edu/healthsystem/HIS/mr4644.pdf> This form should then be sent to HIS, and they will provide an accounting to the patient within 60 days of the request.

That's it! Stay tuned for more Nuts and Bolts!

HIPAA: Nuts and Bolts

Issue #3: Patient Rights

This is message number three designed to give you hands-on information about how HIPAA may impact your area and how to handle certain patient inquiries and requests. We'll resume with three more patient rights that are spelled out under HIPAA.

Patient Rights Under HIPAA

In issue #1 of *HIPAA: Nuts and Bolts* we considered:

1. The Right to Receive a Notice of Privacy Practices

In issue #2 of *HIPAA: Nuts and Bolts*, we discussed:

2. The Right to Access Protected Health Information (PHI);
3. The Right to Amend PHI; and
4. The Right to an Accounting of Disclosures of PHI

In this issue we will look at:

5. The Right to Request a Specified Method of Communication
6. The Right to Request Restrictions on Use and Disclosure of Health Information

5. The Right to Request a Specified Method of Communication

At times patients may ask that we communicate with them in special ways. These requests may involve a single unit or multiple areas.

Examples of Requests That Involve a Single Service Area:

- “Please don't leave appointment reminders on my answering machine.”
- “Please call-in my prescription to this pharmacy.”

Examples of Requests that Involve Multiple Areas:

- “Please have the billing department send my bill to my mother's house.”
- “Please ask Radiology to send my mammogram results to my office.”

We can only accept requests that impact a single service area. If a patient makes a request that involves multiple areas, it is up to them to coordinate this with each area directly.

A patient may request a specified method of communication either orally or in writing. If the request is in writing, please use the form for this that is posted at

<http://ozone.ohsu.edu/healthsystem/HIS/mr4642.pdf>

6. The Right to Request Restrictions on Use and Disclosure of Health Information

Patients have the right to request restrictions on

- a) The use and disclosure of PHI for treatment, payment, and health care operations;
- b) Disclosure of PHI to family members, friends, and others involved in their care

If a patient would like to request a restriction of use and disclosure of PHI for treatment, payment, and/or health care operations (a), this request must be made in writing. The

form for this is posted at <http://ozone.ohsu.edu/healthsystem/HIS/mr4641.pdf> Once this form has been completed it should be sent to OHSU Office of Information Privacy and Security (Mail Code: AD 140). You should let the patient know that until a determination is made, their PHI will be used and disclosed as described in our Notice of Privacy Practices. The patient will be notified in writing within whether their request has been accepted or denied.

If a patient requests that we not share their PHI with family, friends, or others involved in their care (b), they may do this orally. We should do our best to accommodate all reasonable requests, and should document them in the patient's chart. A patient can terminate these restrictions orally (if so, document in chart) or in writing. OHSU may also terminate restrictions that we have agreed to by notifying the patient in writing.

That's it! Stay tuned for more Nuts and Bolts!

HIPAA: Nuts and Bolts

Issue #4: HIPAA Policies

This is message number four designed to give you hands-on information about HIPAA. In this issue of *HIPAA: Nuts and Bolts*, we'll take a look at OHSU's HIPAA policies. Although policies may not be an exciting read, OHSU's HIPAA policies are an excellent source of information. Among other things, they spell out:

- How we may use and disclose health information
- How to handle external requests for PHI
- Special protections for HIV, drug and alcohol, and other sensitive information
- Special provisions for minors
- Our responsibilities regarding patient rights

These policies are in the process of being finalized and will soon be posted on the web. Once they are up you can find them by going to www.ohsu.edu/cc/hipaa/resources.shtml and clicking on the "Policies" button.

OHSU HIPAA Policies: A Summary

Below is a quick overview of OHSU's HIPAA-related policies.

Name of Policy and Brief Description	Huh? What Does <i>That</i> Mean?
<p>Notice of Privacy Practices OHSU shall maintain a Notice of Privacy Practices for the Hospitals and Clinics of OHSU and OHSUMG ("Notice") and shall make it available and provide it to each patient.</p>	<p>Describes our Notice of Privacy Practices and what to do with it.</p>
<p>Right to Request Access to Inspect or Obtain a Copy of Protected Health Information OHSU shall provide the individual the right to request access for inspection or copies of his/her protected health information held in OHSU's designated record set(s).</p>	<p>Here's what to do if a patient wants to see or get a copy of their health records.</p>
<p>Right to Request an Amendment of Health Information An individual has the right to request an amendment of protected health information that is maintained in an OHSU designated record set(s).</p>	<p>Here's what to do if a patient thinks their health records are inaccurate or incomplete.</p>
<p>Permitted Uses & Disclosures of Protected Health Information It is the policy of OHSU to use and disclose protected health information in accordance with state and federal rules and regulations and hospital policy.</p>	<p>This is a beast of a policy (very long), but a terrific source of information. This policy describes what we are allowed to do with PHI and how we may disclose it outside of OHSU. Definitely recommended reading. Information about minors, drug and alcohol, HIV, and</p>

Name of Policy and Brief Description	Huh? What Does <i>That</i> Mean?
	mental health information are all found here.
Complaints This policy coordinates OHSU privacy concerns.	What to do if a patient has a privacy concern or complaint.
Minimum Necessary Requirements When using or disclosing protected health information or when requesting protected health information from another covered entity, OHSU shall make reasonable efforts to limit the protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. As a general rule, OHSU may not use, disclose or request an entire health record of an individual, unless otherwise documented or permitted. Disclosures of an entire health record shall be accompanied by documented justification why the entire health record is needed.	How to determine which information should be accessed, used or disclosed in order to accomplish different tasks. Another compelling read! An additional resource document is posted at www.ohsu.edu/cc/hipaa/resources.phtml . Click on the “Minimum Necessary Standards” button.
Other HIPAA Policies	
Right to Request Restrictions on Use & Disclosure of Health Information for Treatment, Payment, or Health Care Operations	What to do if a patient wants to request a restriction on how we use and disclose their health information for treatment, payment, and health care operations.
Right to an Accounting of Disclosures of Health Information	See Right to an Accounting of Disclosures, <i>HIPAA Nuts and Bolts</i> #2.
Uses and Disclosures of Protected Health Information for the Involvement of Family and Friends in a Patient’s Care	What to do if a patients doesn’t want health information shared with family and friends.
Right to Request Confidential Communication of Health Information	What to do if a patient wants us to send information to them in special ways, like having lab results sent to an alternate address.
Authorization for Use and Disclosure of Protected Health Information	What to do if we want to use PHI for things besides treatment, payment, and operations (for instance, research.)
Uses and Disclosures of Protected Health Information for which Authorization or an Opportunity to Agree or Object is Not Required	This describes things we can do with PHI that fall outside of treatment, payment, and operations that we can do without the patient’s authorization. For instance, reports that are required by law (child abuse is one example.)
Uses and Disclosures of Protected Health Information for a Facility Directory	Describes what we can include in our facility directory and who’s allowed to get this information.
Role-Based Access to Protected Health Information	Describes how we determine who has access to what PHI based on their role/job at OHSU.

That's it! Stay tuned for more Nuts and Bolts!

HIPAA: Nuts and Bolts

Issue #5: HIPAA Dos and Don'ts

This is message number five designed to give you hands-on information about HIPAA. In this issue, we'll look at some common-sense things you can do to protect privacy. Becoming familiar with the new patient rights and OHSU's new HIPAA policies can seem overwhelming at first. Here is a very basic summary of some HIPAA Dos and Don'ts:

HIPAA Dos and Don'ts

Do:

1. Check that the patient was provided with a Notice of Privacy Practices at first delivery of service. This will be documented on a screen in A2K.
2. Understand and respect the patient's right to restrict the communication of health information to friends and family
3. Understand a patient's right to opt out of our facility directory
4. Understand the difference between "authorization" and "informed consent"
5. Give a copy of the signed authorization to the patient
6. Share information with providers for treatment, including outside records in our possession
7. Allow patients to access and obtain copies of their health records
8. Refer patients to HIS if they want health information from multiple OHSU sites
9. Ensure that someone in your area is tracking disclosures subject to the accounting requirement
10. Proactively address patient complaints about privacy breaches

Don't:

1. Agree to restrict uses and disclosures for treatment, payment, and health care operations. Make sure that the patient receives the proper form to make this request, then send it on to the Office of Information Privacy and Security (Mail Code: AD 140).
2. Don't agree to a request for a specified method of communication unless it only involves your service area. Once you've agreed to this kind of request, document it in the patient's chart.
3. Be afraid to ask your supervisor for guidance if you are not sure how to proceed
4. Share your password or log on
5. Forget to log off when you step away from a workstation
6. Feel like you're alone. Many HIPAA resources can be found at www.ohsu.edu/cc/hipaa

HIPAA: Nuts and Bolts

Issue #6: HIPAA Summary

This is the final message in this series. We hope that this information has given you a clearer understanding of how HIPAA may impact what you do at OHSU. Here is what was covered:

Issue #1

1. The Right to Receive a Notice of Privacy Practices

Issue #2

2. The Right to Access Protected Health Information (PHI);
3. The Right to Amend PHI; and
4. The Right to an Accounting of Disclosures of PHI

Issue #3

5. The Right to Request a Specified Method of Communication
6. The Right to Request Restrictions on Use and Disclosure of Health Information

Issue #4

HIPAA Policies

Issue #5

HIPAA Dos and Dents

All issues of *HIPAA: Nuts and Bolts* are available on-line at <http://www.ohsu.edu/cc/hipaa/resources.shtml>

HIPAA Forms

Most HIPAA forms will be available on-line; see below for specific links. If you don't see a form you need you can also check the HIPAA forms page at <http://www.ohsu.edu/cc/hipaa/forms.shtml> If you don't see what you need, check back often. We will be regularly updating this page.

Notice of Privacy Practices Acknowledgement

<http://ozone.ohsu.edu/healthsystem/HIS/mr4636.pdf>

Request for an Accounting of Disclosures

<http://ozone.ohsu.edu/healthsystem/HIS/mr4644.pdf>

Request for Amendment of Health Information

<http://ozone.ohsu.edu/healthsystem/HIS/mr4643.pdf>

Request for Restriction on Use and Disclosure of Health Information

<http://ozone.ohsu.edu/healthsystem/HIS/mr4641.pdf>

Request for Specified Method of Communication

<http://ozone.ohsu.edu/healthsystem/HIS/mr4642.pdf>

Thank you for helping OHSU protect patient privacy!

HIPAA Related Policies and Procedures

Name of Policy	Brief Policy Description
Notice of Privacy Practices	OHSU shall maintain a Notice of Privacy Practices for the Hospitals and Clinics of OHSU and OHSUMG (“Notice”) and shall make it available and provide it to each patient.
Right to Request Access to Inspect or Obtain a Copy of Protected Health Information	OHSU shall provide the individual the right to request access for inspection or copies of his/her protected health information held in OHSU’s designated record set(s).
Right to Request an Amendment of Health Information	An individual has the right to request an amendment of protected health information that is maintained in an OHSU designated record set(s).
Right to Request Restrictions on Use & Disclosure of Health Information for Treatment, Payment, or Health Care Operations	An individual shall be permitted to request restrictions for the uses or disclosures of health information about the individual to carry out treatment, payment, or health care operations.
Right to an Accounting of Disclosures of Health Information	An individual has a right to receive an accounting of disclosures of protected health information made by OHSU in the six years prior to the date on which the accounting is requested, but no earlier than April 14, 2003.
Uses and Disclosures of Protected Health Information for the Involvement of Family and Friends in a Patient’s Care	Protected health information may be disclosed to a person (such as a family member, other relative, close personal friend, or any other person identified by the patient) involved in the health care of a patient provided that the protected health information directly relates to the person’s involvement in the health care of the patient or payment related to the patient’s health care. The protected health information may be used and disclosed in such instances provided that the patient is informed in advance of the use and disclosure and has the opportunity to agree to or restrict the use or disclosure.
Right to Request Confidential Communication of Health Information	It is the practice of Oregon Health & Science University (OHSU) to handle all communications of health information as confidential. It is the policy of OHSU to honor an individual’s right to request to receive communications of protected health information about themselves by alternative means or at alternative locations. Requests shall be processed and evaluated as outlined in this policy.
Permitted Uses & Disclosures of Protected Health Information	It is the policy of OHSU to use and disclose protected health information in accordance with state and federal rules and regulations and hospital policy.

Name of Policy	Brief Policy Description
Authorization for Use and Disclosure of Protected Health Information	<p>It is the policy of OHSU that protected health information shall not be used or disclosed without a valid authorization for any purpose not otherwise permitted or required by state or federal law (see policy on permitted uses and disclosure of PHI).</p> <p>When a valid authorization is obtained the use or disclosure of protected health information shall be consistent with the authorization. Protected health information subject to an authorization shall only be used and disclosed if the authorization contains all the criteria necessary to make an authorization valid. An OHSU enterprise-wide authorization form containing all the necessary core elements will be available for general use. It is the expectation that all internal OHSU transactions requiring an authorization for the use and disclosure of protected health information shall use the standardized OHSU authorization form. External authorization requests must also meet the criteria listed in the policy.</p>
Uses and Disclosures of Protected Health Information for which Authorization or an Opportunity to Agree or Object is Not Required	<p>OHSU may use and disclose protected health information as permitted in special circumstances the do not require a written authorization or an opportunity for the individual to agree or object.</p>
Uses and Disclosures of Protected Health Information for a Facility Directory	<p>Certain protected health information may be included in a facility directory and used or disclosed in the manner described in the policy.</p>
Complaints	<p>This policy coordinates OHSU privacy concerns.</p>
Minimum Necessary Requirements	<p>When using or disclosing protected health information or when requesting protected health information from another covered entity, OHSU shall make reasonable efforts to limit the protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. As a general rule, OHSU may not use, disclose or request an entire health record of an individual, unless otherwise documented or permitted. Disclosures of an entire health record shall be accompanied by documented justification why the entire health record is needed.</p>
Role-Based Access to Protected Health Information	<p>OHSU shall use role requirements to grant access to protected health information. Department managers/supervisors shall determine the level of access necessary for their employees' job responsibilities.</p>

Overview of HIPAA Patient Rights Policies – Handling Patient Requests

Patient Right	Notice of Privacy Practices (NPP)	Access to PHI	Amendment to PHI	Confidential Communication	Accounting of Disclosures	Restrictions on Disclosures for TPO	Restrictions on Other Disclosures
Summary	A copy of the OHSU NPP must be provided once to each patient during his/her first direct care encounter (in person, by phone or email) after April 14. A signed acknowledgment of receipt must be obtained.	A patient has the right to access, inspect and/or receive a copy of his/her PHI. This includes components or all of their designated record set	A patient has the right to request an amendment or correction to health information that they believe is incomplete or incorrect	A patient may make special requests for how we communicate information to them, including alternate means and locations	Upon request, we must provide a record of all places to which we disclosed patient's PHI without their authorization and that are not part of TPO	A patient has the right to request restrictions on how their PHI is used and disclosed for the purposes of treatment, payment, and operations (TPO)	A patient has the right to request restrictions on how their PHI is given to family members, friends, or other persons involved in the patient's care
Can the request be submitted orally?	Yes, and the NPP must be made available to anyone who requests it	Yes, but only requests to access, inspect, or copy components of the Clinical Site Record may be made orally (all others in writing)	Yes, but only requests to correct typos, change demographic or insurance info, or correct billing or processing errors	Yes, but document the patient's request in the medical record	No. Request must be submitted in writing	No. Request must be submitted in writing	Yes, but document the patient's request in the medical record
Exclusions, if any?	None	Yes, see policy for health information that might be excluded from access rights	None	Cannot honor requests that impact multiple departments	None	None	Cannot honor requests that impact multiple departments/sites
Can the practice/department decide whether or not to act on the request?	No: the practice must honor this request	Yes, but practice/department can only provide components of the Clinical Site Record	Yes, but only the requests described above. All others require review	Yes, if the request is reasonable and the communication only involves that practice/dept.	Yes, the practice/dept must honor this request	No. The request must be forwarded to the Office of Information Privacy & Security (OIPS) for review	Yes, the practice/dept will assess its ability to accommodate the request
Name of form for written request?	NA	Request to Access, Inspect or Copy Health Information	Request for Amendment of Health Information	Request for Specified Method of Communication	Request for Accounting of Disclosures	Request to Restrict Use & Disclosure of Health Information for TPO	NA
Where to submit forms?	NA	HIS	<u>MR & Coding</u> : HIS <u>Billing</u> : PBS or UMG	NA	HIS	OIPS	NA
Response to patient?	Upon receipt of request	30 days	60 days	Upon receipt of request	60 days	Within a reasonable timeframe	Upon receipt of request
File request/response in main medical record?	NA	Yes	Yes	Yes	Yes	Yes	Yes
Other	Signed acknowledgement of receipt of NPP: file in MR and note in A2K	Note that if access is denied at the practice/dept level, the denial must be in writing		If request is granted, the agreement is valid for 180 day, or as otherwise indicated	Individuals are entitled to one free accounting of disclosures every 12 months	Patients should be advised that their PHI may be used/disclosed until a decision is made	

Questions? Contact the Office of Information Privacy & Security at 4-8849