

# Health Insurance Portability and Accountability Act of 1996 (HIPAA)

## Mass Prophylaxis Distribution Volunteer Training

**What is HIPAA?** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) ensures that an individual's health information is kept confidential unless use or disclosure of such information is authorized under the HIPAA Privacy Rule. The HIPAA Privacy Rule provides for the protection from improper use or disclosure of health information and affords individuals certain rights with regard to their health information.

**What is Protected Health Information (PHI)?** When an individual gives personal health information to a Covered Entity (e.g., a health care provider, etc.), or when a Covered Entity receives such information from other sources such as other providers, the information becomes Protected Health Information (PHI). PHI includes:

- Information that can be used to identify the patient.
- Information that relates to past, present or future physical or mental health condition of the patient.
- The provision of health care received by the patient.
- Payment for the provision of health care to the patient.

**How does HIPAA apply to me?** The Department of Health (DOH) receives and maintains the PHI of individuals to whom it provides health care services and is a Covered Entity as defined in HIPAA. Every member of the DOH workforce (including employees, contractors, students and volunteers) must comply with the HIPAA Privacy Rule and its regulations, as well as DOH Privacy policies and procedures, limiting the use or disclosure of such PHI.

**What is the "use" or "disclosure" of PHI?** The "use" of PHI is the sharing, employment, application, utilization, examination or analysis of such information *within the Covered Entity* that maintains such information. A "disclosure" of PHI is the release, transfer, provision of access to, or divulging in any other manner of information *outside the Covered Entity* holding the information. Such disclosures may be made in any format such as verbal, written, or electronic mail. Examples of disclosures include:

1. **Authorized** - Disclosure of information authorized by the patient or disclosure of information by authorized members of the workforce and only in accordance with DOH Privacy policies and procedures. Examples:
  - For Treatment, Payment or Healthcare Operations (TPO)
  - To avert serious threat
  - For health oversight, public health activities, disaster relief, funeral director, coroner, Office of the Medical Investigator, organ procurement, Worker's Compensation or legal requests.
2. **Incidental** - Disclosure of information while a workforce member is performing his/her job. This is permitted under HIPAA. Examples:
  - Two co-workers are talking about the individual's PHI and someone overhears a part of the conversation.
  - A receptionist calls out a patient's name in a waiting area.
3. **Inadvertent** - Disclosure of information by forgetting to follow DOH Privacy policies and procedures. This will lead to disciplinary action. Examples:
  - A workforce member forgets to put away PHI and leaves it unattended on counter or desk.
  - A workforce member leaves a room containing PHI unattended and the door unlocked.
  - PHI is left in a fax or copy machine.
4. **Deliberate** - Disclosure of information by knowingly giving out information when not authorized to do so. This will lead to disciplinary action and may lead to legal action. Examples:
  - Someone tells a friend about an individual's health information.
  - Someone sells a patient's health information to a company.

**Who is authorized to disclose PHI?** A disclosure of PHI can only be made by an authorized member of the DOH workforce who has been given such specific authority by his/her supervisor. This is important because the HIPAA Privacy Rule and regulations require the tracking of disclosures.

**What do I do if I discover unprotected PHI?** Do not discard or leave PHI unattended. Immediately secure PHI and notify your supervisor.

**What do I do if I have questions not answered by this training?** Ask your supervisor (\_\_\_\_\_); review DOH HIPAA policies and procedures available on the intranet and in hard copy (for access, contact \_\_\_\_\_); ask a local privacy officer (\_\_\_\_\_); ask the DOH Chief Privacy Officer (Kay Bird \_\_\_\_\_); or contact the DOH Office of General Counsel at 827-2997.