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Laboratory Compliance with HIPAA Requirements

Introduction The Health Insurance Portability and Accountability Act (HIPAA) requires all Kaiser Permanente (KP) workforce members to understand the risks and safeguard the privacy and security of individual identifiable information of our members and patients. KP national organizational policies exist which describe the extent and definition of Protected Health Information (PHI) also known within the organization as Member/Patient Identifiable Information (MPII). This document defines the Southern California Permanente Medical Group (SCPMG) Laboratories' responsibilities for protection of PHI under the KP national policies.

Policy

- All Southern California (SCAL) laboratories shall protect MPII as described under the KP national HIPAA policies and processes.
- SCAL laboratories shall define the requirements for local laboratory annual monitoring and auditing of the KP national HIPAA policies.
- The laboratory shall report the effectiveness of HIPAA policies to laboratory Leadership on an annual basis.

Definitions and Conditions

MPII: MPII includes, but is not limited to, information about a member/patient's physical or mental health, the receipt of health care, or payment for that care; member/patient premium records, enrollment and disenrollment information; demographic information, such as name, date of birth, address, Social Security Number; financial information, such as account number, security code, information from or about transactions, financial or credit account numbers; and other personal identifiers, such as driver's license number, phone numbers, ISP and Internet domain addresses.

PHI: Individually identifiable information (oral, written or electronic) about a member/patient's physical or mental health, receipt of health care, or payment for that care.

Auditing and Monitoring

Auditing and monitoring includes but is not limited to the following:

- Direct observation
 - Self inspection
 - Peer review
 - Inspection reports by affiliated departments such as National Environmental Health & Safety or other national, regional and local groups
 - Reports from other regulatory groups
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Laboratory Compliance with HIPAA Requirements, Continued

Non-Controlled Documents The following non-controlled document supports this policy.

- College of American Pathologists, Laboratory General Checklist (GEN.41303)
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Controlled Documents The following controlled document supports this policy.

Policy	Number
Quality Assessment and Improvement Program	QM 4.2.3.100

Author Fred Ung, SCPMG Laboratory Quality and Compliance Director

Signature Manifest

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New Lab Director - QMS

Initial Approval

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Final Approval

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