HIPAA Retraining

Baylor Scott & White Medical Center
All Saints

Internal Audit Findings

(March 11, 2020)

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HIPAA Has 3 Important Rules:

Privacy Rule	Security Rule	Breach Notification Rule
• Provides protections for **Protected Health Information (PHI)**. • Applies to all forms PHI, whether electronic, written or verbal. • Gives patients rights over their health information. • Controls and limits how BSWH may use and disclose PHI.	• Provides protections for **electronic Protected Health Information (ePHI).** • Requires BSWH to implement safeguards to keep ePHI secured.	• Requires BSWH to notify individuals when their PHI is breached.

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PHI comes in many forms…

PAPER

Photography, filming & recordings

Verbal

Electronic

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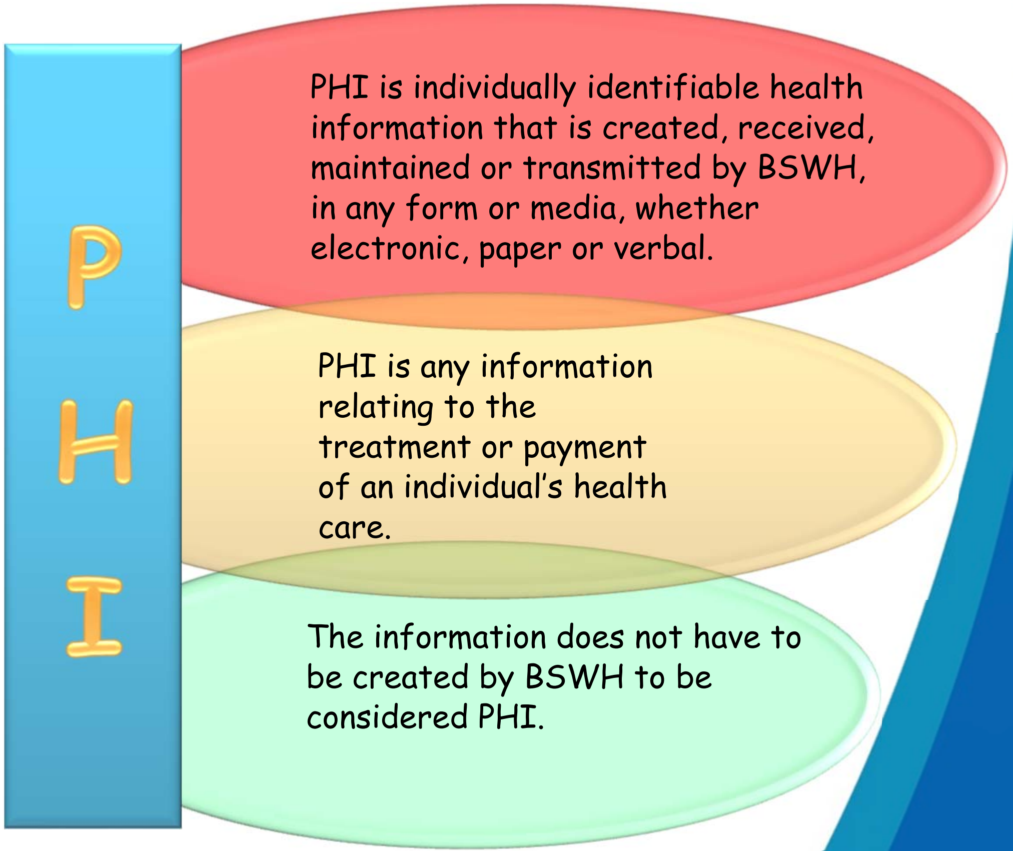
Information can still be considered PHI, even if the patient's name is not included. A patient can be identified in many ways other than just their name.



PHI is individually identifiable health information that is created, received, maintained or transmitted by BSWH, in any form or media, whether electronic, paper or verbal.

PHI is any information relating to the treatment or payment of an individual's health care.

The information does not have to be created by BSWH to be considered PHI.

PHI is not limited to a patient's clinical information.
It includes any information that can ***identify*** the patient.

Here are a few examples:

- Age
- Facility/Location Information
- Email Address
- MRN
- Insurance Numbers
- Patient Satisfaction Surveys
- Admit Date
- Billing Information
- Date of Birth
- Account Number
- Photos
- Medications
- Name
- SSN
- Discharge Date
- Address
- Account Number
- Clinical Notes
- Telephone Number
- Test Results

Knowing all of this information is important when it comes to preventing a **breach** of PHI. So, what exactly is a **breach**?

A “**breach**” is any use or disclosure that is not permitted under the Privacy Rule and compromises the security or privacy of PHI.

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Breach Examples *(list is not intended to be all inclusive)*

- □ Lost or stolen electronic devices (desktop, laptop or other mobile device) containing PHI
- □ Taking pictures/recordings of patients using a personal or BSWH issued cell phone
- □ Sending photos/recordings of patients or text messages containing PHI directly from a cell phone (did not use a BSWH approved secure method)
- □ Posting PHI or any information about patients or patient experiences on social media sites
- □ Verbally discussing PHI in the presence of others (family members, friends, visitors, etc.) without first getting the patient’s permission
- □ PHI accessed appropriately for business-related purposes, but disclosed inappropriately to a co-worker who doesn’t have a need to know
- □ PHI (paper and electronic) left unsecure and visible to the public
- □ Accessing PHI for personal reasons (record snooping/unauthorized access)
- □ Sending an unencrypted email containing PHI to an external (non-BSWH) email address
- □ Using someone else’s username and password to access PHI
- □ Mailing or emailing PHI to the wrong address
- □ Handing PHI to the wrong patient
- □ Placing PHI in the regular trash
- □ Paper PHI that is lost or stolen
- □ Faxing PHI to the wrong number

REPORT IT!
Don’t ignore it!

Securing Workstations

- Log off or lock down computers before walking away.
- Lock bins, drawers & file cabinets when not in use.
- Use screen savers, install privacy filters, or face computer screens away from patients & visitors so they cannot be viewed when walking by or standing at your desk.
- **NEVER** leave PHI displayed on computer screens while unattended, including those in exam and patient rooms.
- Lock up portable electronic devices (laptops, tablets, cell phones, pagers with texting capability, etc.).
- **DO NOT** allow visitors at your workstation when PHI is present .
- Keep work area free of exposed PHI when you are not present.
- Protect visibility of documents containing PHI by placing face down.
- Practice a clean-desk policy. Place paper documents with PHI in a secured area not accessible to unauthorized individuals.

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Faxing PHI

Before Faxing:

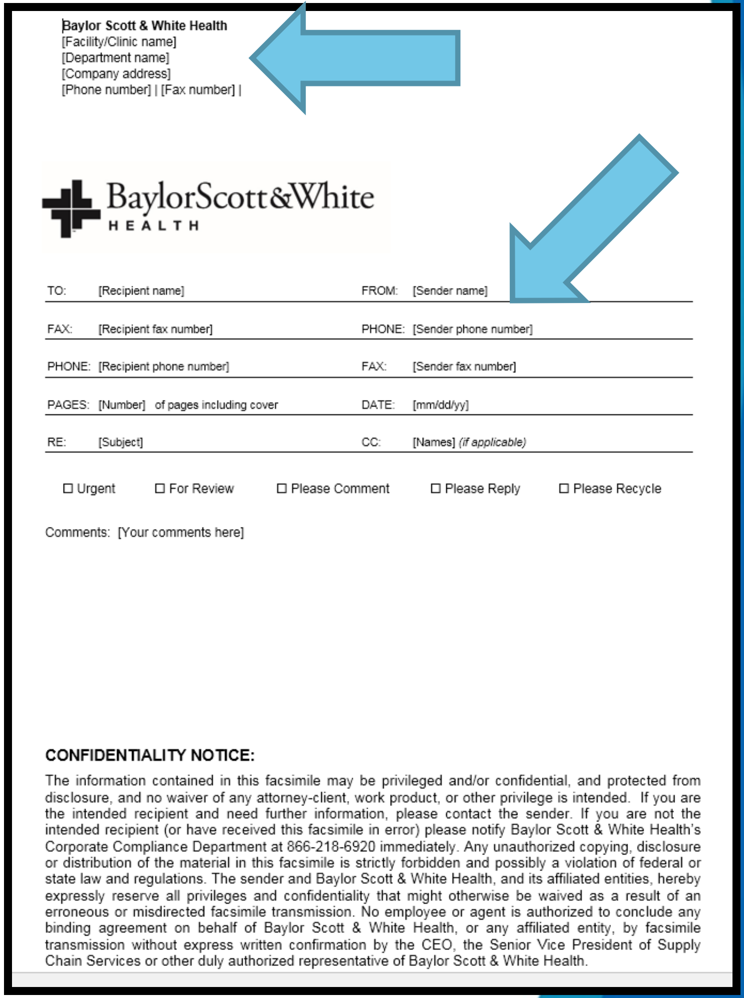
- ✓ Use the approved BSWH fax coversheet, located on BSWH's intranet
- ✓ Verify the recipient's fax and phone numbers prior to sending PHI
- ✓ Always include information for the sender and recipient (especially first/last name and contact number)
- ✓ Call the recipient to confirm someone authorized is available to receive the fax

After Faxing:

- ✓ When faxing sensitive PHI or data, call the recipient to confirm the fax was received
- ✓ Immediately remove the confidential documents from the fax machine, and destroy them or route them to the appropriate location/department

Receiving Faxes:

- ✓ Quickly retrieve faxes transmitted to you
- ✓ Secure faxes that have not been retrieved by immediately routing to the appropriate location/department



Baylor Scott & White Health
[Facility/Clinic name]
[Department name]
[Company address]
[Phone number] | [Fax number] |

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TO:	[Recipient name]	FROM:	[Sender name]
FAX:	[Recipient fax number]	PHONE:	[Sender phone number]
PHONE:	[Recipient phone number]	FAX:	[Sender fax number]
PAGES:	[Number] of pages including cover	DATE:	[mm/dd/yy]
RE:	[Subject]	CC:	[Names] *(if applicable)*

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: [Your comments here]

CONFIDENTIALITY NOTICE:

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ANY FAX INADVERTENTLY SENT TO THE WRONG NUMBER MUST BE REPORTED TO CORPORATE COMPLIANCE IMMEDIATELY

Disposal of Paper PHI

- **DO NOT PLACE PHI IN THE REGULAR TRASH.**
- **ALWAYS** dispose of PHI using designated locked confidential waste bins for shredding.
- For IV/medication bags, prescription bottles and other containers with labels that have PHI:

  If container IS soiled with blood or body fluids
  - labels with PHI do not have to be removed; and
  - place container in a biohazardous waste bag for disposal.

  If container IS NOT soiled with blood or body fluids
  - labels with PHI should be removed and placed in a confidential shred bin; or
  - PHI on labels should be **completely** removed with an alcohol prep or permanent marker; and
  - container should be discarded in the regular trash.
- Immediately report any confidential waste bins overflowing with PHI to your Supervisor/Manager.

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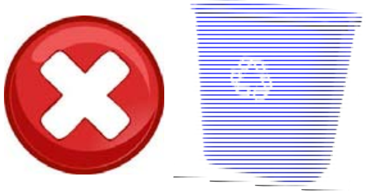
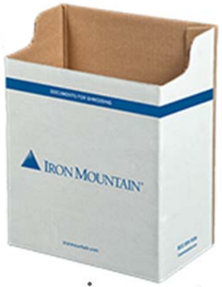
Use of Temporary Confidential Waste Bins

- **DO NOT** use **blue recycle containers**.





- **Only use cardboard boxes from Iron Mountain with the "Temporary" label as temporary confidential waste bins.**
- Empty contents periodically throughout the day **AND** before leaving at the end of the day into a locked confidential waste bin so PHI is appropriately secured.
- **NEVER** place temporary bins on the floor or next to a regular trash can. They should be kept up off the floor, so they will not be mistaken for regular trash.
- Temporary bins should never be placed in patient exam rooms, hospital rooms or hallways.

Discipline/Sanctions/Enforcement

- ❑ Corrective actions may be imposed, up to and including separation from employment at BSWH, for those who violate any part of the Privacy/Security Rules or BSWH policies.
- ❑ Federal fines for violating HIPAA can reach a yearly maximum of $1.5 million.
- ❑ In addition to federally assessed fines, violating the Texas Privacy Rule can include civil penalties reaching $1.5 million, and individuals may be charged with a felony by the Attorney General of the State of Texas.
- ❑ Criminal penalties may be imposed for up to 10 years in prison.
- ❑ Physicians and other individuals have received jail time for violating privacy and security laws.

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Reporting a Breach

Known or potential breaches of PHI (accidental or intentional) should be reported immediately using any of the following ways:

Online HIPAA Incident Reporting Form
URL: https://bswhealth.i-sight.com/external/case/new

Contact the Privacy Team Directly
Phone: (866) 218-6920
Email: Privacy@BSWHealth.org

Compliance HelpLine
Phone: (866) 245-0815
Website: ComplianceHelpLine.BSWHealth.com

MIDAS (for clinical staff)
Be sure to select "CORP-OFFICE OF HIPAA COMPLIANCE" as a department to be notified. If this is not selected, the Privacy Team will not receive notification that the case was entered.

Additional information is available on the BSWH intranet site:

- HIPAA Privacy Compliance webpage
  - Privacy & Security Handbook
  - Contact Information
  - Link to report privacy incidents online
  - Scout’s Blog (privacy topics)
  - HIPAA related forms
- BSWH Policy & Procedure Library
  - HIPAA Policies & Procedures
  - Security Policies, Procedures & Standards

Privacy Questions

Questions or concerns about Privacy should be directed to:

Barbara Hoffmann, BSWH Privacy Officer
Office Phone: (254) 215-9022
Email: Barbara.Hoffmann@BSWHealth.org

Destiny Evans, BSWH Privacy Compliance Manager
Office Phone: (214) 820-1918
Email: Destiny.Evans@BSWHealth.org

Robert Michalski, BSWH Chief Compliance Officer
Office Phone: (214) 820-8888
Email: Robert.Michalski@BSWHealth.org

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