

TRAINING UPDATE

Lab Location: GEC, SGAH & WAH
Department: All staff

Date Distributed: 7/1/2014
Due Date: 7/31/2014
Implementation: **8/1/2014**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
HIPAA Policy GEC.L36, SGAH.L41, WAH.L39 v3 Forms: Fax Sent In Error SGAH (AG.F239v1) Fax Sent In Error WAH (AG.F240v1)
Description of change(s):
Section 4: Added PI definitions Section 5: Item E updated to match revised PHIIT, Item F added Section 6: Added lab policy and fax forms Section 9: Added corporate PI breach reporting form and updated PHIIT form The revised SOP and forms will be implemented on August 1, 2014

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training all sites (version 3)

Non-Technical SOP

Title	HIPAA Policy	
Prepared by	Leslie Barrett	Date: 7/31/2009
Owner	Lori Loffredo	Date: 1/18/2010

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

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1. PURPOSE

This policy explains the controls, processes and procedures to obtain, maintain, use and disclose patient protected health information (PHI) in a manner that protects patient privacy and complies with Health Insurance Portability and Accountability Act (HIPAA.)

2. SCOPE

Quest Diagnostics requires all employees to conduct the company's business honestly, ethically, and with the highest degree of integrity.

3. RESPONSIBILITY

All staff must comply with all applicable laws and regulations that govern our business operations, including but not limited to those laws, rules and regulations governing test reimbursement under the Medicare and Medicaid programs.

All staff are required to complete compliance training on an annual basis.

4. DEFINITIONS

Health Insurance Portability and Accountability Act (HIPAA): Legislation that protects PHI by providing standards for billing transactions, diagnosis and CPT codes, and establishing rules to regulate the use and disclosure of PHI.

Protected Health Information (PHI): All individually identifiable patient health information obtained, maintained, used or disclosed, regardless of its format (oral, electronic, and paper). PHI is the patient health information we use every day to do our job – the personal and medical information that relates to specific patients. Examples include completed requisitions, patient reports, and completed insurance claim forms.

Use: the release of PHI to persons within Quest Diagnostics or the hospital

Disclose: the release of PHI to any person or entity external to Quest Diagnostics or the hospital

Obtain: to receive PHI from a person or entity external to Quest Diagnostics or the hospital

Maintain: to store PHI within Quest Diagnostics systems and documents.

PHI Breach: The acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI and that requires notice to the patient pursuant to this Procedure.

Potential PHI Breach: An incident that may or may not be a PHI Breach but must be reviewed and analyzed through this Procedure.

PI Breach: The unauthorized acquisition of or access to personal information by a person or organization as defined by state laws.

Personal information (PI): State laws have been enacted that protect citizens against identity theft. For purposes of this SOP, it shall mean a person's name (first name or first initial together with last name) in combination with any one, or more, of the following data:

- Social Security Number (or in the case of non-U.S., federal identification number)
- Driver's License Number (or State Identification Card Number)
- Account Number (to a financial account), Credit Card or Debit Card Number

In ADDITION certain states may include:

- Employee ID Number (as assigned by an individual's employer)
- Date of Birth
- Maiden Name of the Individual's Mother
- Medical Information (any individually identifiable health information regarding the individual's medical history or medical treatment or diagnosis)
- Health Insurance Information (insurance policy or subscriber numbers, applications for insurance, claim histories and appeals)

5. PROCEDURE

A. General guidelines

1. We are obligated to keep and maintain privacy when we obtain, maintain, use or disclose PHI.
2. We are allowed to utilize PHI in the normal course of business without the patient's authorization. This is defined by HIPAA as
 - a. Treatment (example - sending results to the patient's physician)
 - b. Health care operations (example - specimen collection)
3. Inappropriate use or disclosure of PHI must be reported to a supervisor and will result in disciplinary action.
4. Only the amount of PHI necessary to complete a task should be utilized.

B. General PHI controls

1. Physical Security

- a. Restricted access to Laboratory areas by non-employees
- b. Use of employee identification
- c. Appropriate destruction of material that contains PHI (shredder boxes)
- d. Secured areas for reports, specimens, and other documents that contain PHI.
- e. Return of keys and other security items by terminated employees.

2. System Security

- a. Protection of user name and password by employee. (LIS security agreement)
- b. Scheduled password changes required
- c. Computer access limited based on job assignment
- d. Appropriate use of test systems vs 'live' data

3. Process Security

- a. Training for staff to recognize and protect PHI
- b. Procedures to ensure appropriate use of PHI
- c. Procedures to respond to inappropriate or accidental disclosure of PHI
- d. Method to report potential non-compliance

4. Off-site Security

- a. Prohibit sending or storing PHI on non-Quest/Hospital computers
- b. Procedures to avoid theft or removal of PHI from facility
- c. Procedure to eliminate inadvertent disclosure of PHI to non-employees
- d. Procedures to control removal of PHI from premises

C. Laboratory specific guidelines

1. Do not discuss patient information outside the Laboratory area (ie, hallway, cafeteria, lounge)
2. Be aware of your surroundings when discussing PHI with patient, physician or staff, especially in areas that are open to the public (front desk and phlebotomy).
3. Keep computer monitors and other displays with PHI positioned away from viewing by non-employees.
4. Always log out of computer systems when leaving the workstation.
5. PHI applies to all patients. Inappropriate access of your own, your family member, friend or co-worker's information or results is prohibited.

D. Patient Rights

1. Patients have certain rights concerning their PHI and how it is used, disclosed, obtained and or maintained by Quest Diagnostics.
2. If the report contains results relating to drug and alcohol abuse, AIDS, and sexually transmitted diseases, physician approval is required before releasing to the patient.
3. Refer to the Client Service procedure 'Patient Requesting Results' requirements to provide test results to a patient.

E. Potential PHI Breaches

1. If you receive notification of or identify an unauthorized acquisition, access, use or disclosure of PHI in oral, electronic or paper form, complete a PHI Incident Tracking Tool (PHIIT) Form (see step 3). Ask the individual to destroy the hard copy **after** obtaining the information to complete the form.

If PHI was faxed to an incorrect phone number AND the fax location is known, contact the receiver to request destruction of the document. Complete a PHIIT Tool Form (see step 3).

If PHI was faxed to an incorrect phone number AND the fax location is NOT known, complete a [Fax Sent in Error form \(refer to Related Documents\)](#) and fax to that same phone number. Complete a PHIIT Tool Form (see step 3).

Note: If PHI in paper form is delivered to the wrong address and is returned in the original, *unopened* envelope

- This is NOT a PHI breach
- The event must be investigated. Complete a [Quality Variance \(QV\)](#) form and attach the *unopened* envelope

2. If any of the following occurs, document on a PHI Incident form:
 - a. PHI is found in public
 - b. PHI is securely transmitted (VPN, Internet w/ encryption etc), but to the wrong client/party
 - c. Documents, equipment or other media that contain PHI have been lost
 - d. Documents or electronic media (laptops, hard drives, CDs, tapes mobile or removable media) are not properly destroyed
 - e. PHI was potentially breached as a result of internal/external hacker, or unauthorized access by contractor
 - f. PHI was breached in oral, electronic or paper form by an employee in violation of the Company's Privacy of Protected Health Information Policy
 - g. The PHI disclosure involves a large volume of patients or unusual circumstances
3. Complete the PHIIT form (appendix A) as follows:
 - Today's Date
 - Business Unit
 - Date Incident Occurred
 - Date Incident Discovered
 - Date Incident Reported
 - Discovered by: [Check the appropriate box and record the person's name](#)
 - Reported By: [Name and contact information for person reporting](#)
 - Did this involve 500 or more patients? Yes or No
 - **If yes, contact the Privacy Office immediately**
 - Category: [Check the appropriate box and sub-category](#)
 - Type of Data Discovered: [Check the appropriate box and add details](#)
 - Detailed Description of the Event – describe what happened, continue on the second page if more space is needed

- Complete applicable area(s) and indicate information that was disclosed
 - Was PHI returned, destroyed or removed? Yes or No
 - Was PHI protected because the incorrect recipient did not disclose it to another party? Yes or No
 - Behavior of the Recipient
 - Corrective Actions
 - Employee Error Type
 - Name of Person Completing the Form
 - Contact Information of Person Completing the Form
4. Give the PHIT form **immediately** to a Laboratory supervisor or manager. If no supervisor or manager is onsite, the form should be given to the Group Lead or incharge technologist. The Group Lead / incharge tech must immediately notify the oncall administrative supervisor.
 5. The Supervisor will alert the Laboratory Director and Compliance Officer. Any accidental disclosure or PHI breach must be investigated for root cause. The Compliance Officer will coordinate the investigation and recommend any additional action required.

F. Potential PI Breaches

[Note: Incidents involving PHI (healthcare related information) are typically PHI breaches; PI breaches more typically involve employee information.]

1. If you receive notification of or identify an unauthorized acquisition, access, use or disclosure of PI in oral, electronic or paper form, complete a Potential PI Breach Reporting Form.
2. Give the PI Breach Reporting form **immediately** to a Laboratory supervisor or manager. If no supervisor or manager is onsite, the form should be given to the Group Lead or incharge technologist. The Group Lead / incharge tech must immediately notify the oncall administrative supervisor.
3. The Supervisor will alert the Laboratory Director and Compliance Officer. Any accidental disclosure or PI breach must be investigated for root cause. The Compliance Officer will coordinate the investigation and recommend any additional action required.

6. RELATED DOCUMENTS

- Quest Diagnostics Compliance Policies/Procedures, *ourQuest* online intranet site, Employee Center section.
- Patient Requesting Results, Client Service procedure
- Verbal Release of Test Results to Outside Locations, Laboratory policy
- Fax Sent In Error SGAH (AG.F239)
- Fax Sent In Error WAH (AG.F240)

7. REFERENCES

- Quest Diagnostics Compliance Policies/Procedures, Privacy of Protected Health Information (PHI), 06/08.
- Quest Diagnostics Incorporated Corporate SOP 702A [PHI and/or PI Breaches](#)

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP L052.000		
000	1/18/2010	Title page: Updated owner Section 4: Added PHI Breach definitions Section 5: Item E updated terminology, added unopened envelope, added 2.a,e,f, and items 3,4,5 Section 6: Added Potential PHI Breaches policy Section 7: Removed SOP 701A, added SOP 702A Section 9: added PHI Incident form	L. Barrett	L. Loffredo
001	2/26/2010	Section 5: Item E,1 added PHI breach by fax Section 9: added PHI Breach Destroy Fax form	L. Barrett	L. Loffredo
002	6/10/2014	Section 4: Added PI definitions Section 5: Item E updated to match revised PHIIT, Item F added Section 6: Added lab policy and fax forms Section 9: Added corporate PI breach reporting form and updated PHIIT form Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	L. Loffredo

9. ADDENDA AND APPENDICES

- A. PHI Incident Tracking Tool Form (see Attachment pane)
- B. [Potential PI Breach Reporting Form](#) (see Attachment pane)
- ~~C. [PHI Breach Destroy Fax Form](#) (see Attachment Tab)~~

<p>Type of Data Discovered **:</p> <p>(Identify the type of PHI disclosed; bills, reports, requisitions, specimens, etc.)</p>	<p><input type="checkbox"/> Bills, Bill Number</p> <p><input type="checkbox"/> Reports, Accession Number</p> <p><input type="checkbox"/> Requisition, Requisition/Accession Number</p> <p><input type="checkbox"/> Specimen, Specimen Number</p> <p><input type="checkbox"/> Electronic PHI (USB, etc)</p> <p><input type="checkbox"/> Other, describe</p>
<p>If Results**: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Uncertain <input type="checkbox"/></p>	
<p>Breached Patient Name(s)**:</p>	
<p>Is there other unique information about the patient provided?</p> <p>Well-known Person <input type="checkbox"/> Celebrity <input type="checkbox"/> Elected Official <input type="checkbox"/> Other <input type="checkbox"/></p>	
<p>Breached Patient Identifiers information Disclosed:</p> <p>SSN <input type="checkbox"/> Insurance ID <input type="checkbox"/> Address <input type="checkbox"/> Credit Card <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Government ID Card <input type="checkbox"/> Other</p>	
<p>Information Disclosed**: Test Name <input type="checkbox"/> CPT code <input type="checkbox"/> DX code Information <input type="checkbox"/></p>	
<p>Test Name(s) or CPT Code(s) Disclosed**:</p>	
<p>ICD 9 Code(s) or Narrative Disclosed:</p>	
<p>Ordering Physician**:</p>	
<p>Other Pertinent Information:</p>	
<p>Was PHI returned, destroyed, or removed**? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Indicate if the person reporting the incident returned, destroyed, or removed the PHI. Returned means that the unintended recipient returned the PHI to Quest Diagnostics. Removed means that the PHI was removed by Quest Diagnostics from an electronic order and result system such as Care360, or a Quest Diagnostics employee physically retrieved the PHI, or unintended recipient deleted the PHI from their electronic system. If the person reporting the incident answers that they did not, please request that they do so now.</p> <p><u>If they refuse, document their response:</u></p>	
<p>Did the unintended recipient confirm that they did not disclose to another party**? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the individual reporting the incident indicates no, <u>document their reason:</u></p>	

Did the behavior of the unintended recipient suggest that either the patient's PHI or Quest Diagnostics is at risk?*

Yes No

This question is intended to identify an individual that is threatening to disclose the incident or specific PHI to other parties such as the media, government, individual patient, or through email or the Internet, or the individual refuses to destroy or return the PHI.

If YES, document the information:

Incident Corrective Actions or Mitigation (check all that apply):**

- | | |
|---|---|
| <input type="checkbox"/> Fax Number Corrected with Client | <input type="checkbox"/> Address or Email Address Corrected in Our System |
| <input type="checkbox"/> Address or Email Address Corrected with Client | <input type="checkbox"/> Report/Requisition Archived in Care360 |
| <input type="checkbox"/> Employee Retrained on Correct Procedure | <input type="checkbox"/> Police Report Filed |
| <input type="checkbox"/> Insurance Information Updated | <input type="checkbox"/> PHI Returned to Quest Diagnostics or Destroyed |
| <input type="checkbox"/> Fax Number Corrected in Our System | <input type="checkbox"/> Account Number Corrected |
| <input type="checkbox"/> Blocked Fax | |
| <input type="checkbox"/> Other, describe | |
| <input type="checkbox"/> IR # | |

Employee Error Type **:

- | | |
|---|--|
| <input type="checkbox"/> A1, if the wrong account number was selected or entered | <input type="checkbox"/> F1, typographical error |
| <input type="checkbox"/> A2, typographical error (e.g. client # off by 1 or 2 digits) | <input type="checkbox"/> F2, the incorrect 'copy to' account was entered or selected |
| <input type="checkbox"/> A3, account number of document submitted was not used | <input type="checkbox"/> F3, wrong account selected resulting in a misdirected fax |
| <input type="checkbox"/> A4, the incorrect 'copy to' account was entered or selected | <input type="checkbox"/> F4, fax number entered in error (fax sent to incorrect recipient) |
| <input type="checkbox"/> A5, other, describe | <input type="checkbox"/> F5, entered a wrong fax number (fax # provided was incorrect) |
| <input type="checkbox"/> A6, selected the wrong patient | <input type="checkbox"/> F6, other, describe |
| <input type="checkbox"/> A7, the patient demographics used were incorrect | <input type="checkbox"/> F7, selected the wrong patient |
| | <input type="checkbox"/> F8, the patient demographics used were incorrect |
| <input type="checkbox"/> M1, an extra report/bill was stuffed in an envelope | |
| <input type="checkbox"/> M2, selected the wrong patient | |
| <input type="checkbox"/> M3, the patient demographics used were incorrect | |
| <input type="checkbox"/> M4, the report was delivered to the wrong client | |
| <input type="checkbox"/> Other, describe | |

Name of Person Completing this Form:**

Phone Number:**

To be completed by Compliance: Incident #:

Potential PI Breach Reporting Form

Form to be completed by or submitted to Regional or Functional Compliance Director. After Compliance verification of incident, form should be emailed to Quest Diagnostics Privacy Office

Today's Date: _____ **Prepared by:** _____

Title: _____ **Phone:** _____

Laboratory or Function: _____

Date Incident Occurred: _____ **Date Incident Reported:** _____

Detailed Incident Description (include names of employees involved)

How was this brought to your attention? (internal or external party)

Approximate number of individuals affected by potential PI breach: _____

Data Involved: (Check all that apply)

_____ First Name

_____ Last Name

_____ SSN or Fed ID Number

_____ Drivers License Number

_____ Financial Acct Info
(Credit card, debit card,
acct number)

_____ Date of Birth

_____ Security Code, Access code or
password that would permit
access to financial acct

_____ Medical Information

_____ Employee ID Number

_____ Mother's Maiden Name

_____ Health Insurance Information

Other (describe) _____

Was this potential PI breach reviewed by RCD? _____ Yes or No _____

Has this incident been considered as a PHI breach? _____ Yes or No _____

If Yes, PHIIT Number. _____

Fax

To: Sir or Madam

Fax: []

From: []

Date: []

Re: Laboratory Test Information
Faxed in Error

Pages: 1

cc:

Urgent

For Review

Please Comment

Please Reply

FAX SENT IN ERROR

Notes:

Our records indicate that we have inadvertently sent you a fax from Quest Diagnostics.
Please destroy.

We thank you and apologize for any inconvenience this may have caused. Please contact us with any questions.

George Geotschius

201-393-5737

George.H.Geotschius@questdiagnostics.com

Confidentiality Notice:

The medical and/or personal information in this FAX message is confidential and protected by both State and Federal Law. Unauthorized persons must not review, copy, disclose or disseminate such information. If you are not the intended FAX recipient or the intended recipient's agent, you have received this FAX message in error—please do not review or further disclose the information contained in this FAX. If you have received this FAX in error, please notify us immediately at the telephone number indicated above and either destroy these documents or return the originals to us by mail. Thank you.

Fax

To: Sir or Madam Fax: []

From: [] Date: []

Re: Laboratory Test Information Pages: 1
Faxed in Error

cc:

Urgent For Review Please Comment Please Reply

FAX SENT IN ERROR

Notes:

Our records indicate that we have inadvertently sent you a fax from Quest Diagnostics.
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201-393-5737

George.H.Geotschius@questdiagnostics.com

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