

HIPAA Job Shadow Training

Health Insurance Portability and Accountability Act

Objective:

- Be familiar with the Notice of Privacy Practices.
- Understand what information is protected.
- Understand the Five patient rights.
- Security Education
- Job Shadow roll in HIPAA

Notice of Privacy Practices

- It is distributed to patients upon registration.
- The notice describes privacy practices of Huron Regional Medical Center and the practitioners who provide services to the patient at the hospital.
- Notice of privacy can be found on the huronregional.org site.

Protected Information

- Information about symptoms, test results, diagnosis, treatment and related medical information are considered Protected Health Information (PHI).
- PHI in any form- oral, written, or electronic.
- Before you view any information as yourself, “Do I need to know this information?” If your answer is no Do Not View it.
- What other information is protected?
 - Name, Addresses, Email,
 - Dates of admission and discharge, birth/death,
 - Social Security Number, Medical Record Number
 - Health plan numbers
 - Account numbers
 - Any identifying marks.

What is permitted?

PHI may be used:

- Treatment and care
- Payment of bill
- Healthcare Operations

The laws require that we report:

- Gunshot wounds
- Suspected Abuse
- Communicable Diseases

Five Patient Rights

1. The right to restriction of certain uses and disclosures of their PHI
2. The right to confidential communication of their PHI
3. The right to access their PHI (Inspect and Obtain Copies).
4. The right to request amendment of PHI they consider erroneous or incomplete.
5. The right to an accounting of disclosure of their PHI.

HIPAA Security Education

Goals of the Security Standards—Data Confidentiality, Data Integrity, and Data Availability.

- Administrative Safeguards—policies, procedures, and roles that ensure that this information is protected as well as accountability for this security.
- Technical Safeguards—Login and automatic logoff, virus protection, safeguards for data breaches.
- Physical Safeguards—physical locks on doors, screen protection.
- Risk need to be analyzed.

It is very important for employees to understand and support the security of Patient Health Information.

Security Incidents are:

- Any attempt to gain unauthorized access to computer programs or network resources.
- Use of another staff member's login and password.
- Viewing ePHI without valid business reason.
- Destroying or dishonestly modifying ePHI.

How do these rights affect Job Shadow's?

- You may encounter a patient. This information is PHI.
- All patients must be asked if you may observe any of their cares.
- It is the hospital Staff's responsibility to ask patients if you can participate.
- The patients have the right to refuse having you observe at any time.
- You should not participate in anything when the patient has refused your observation.
- If you observe a patient interaction your name will be on the patient record.

What is the most important thing to take from this training?

What you see or hear at HRMC can never be discussed with anyone outside of HRMC.

If this experience is part of a class and you are required to write a paper about your time in our organization. Describe your experience without identifying any person or any of the PHI elements related to that person.

HIPAA Quiz

1. What does HIPAA stand for?
 - a) Health Insurance Portability and Accountability Act
 - b) Help Identify Possible Act of Admission
 - c) Health Insurance Practice Accountability Act

2. The notice describes privacy practices of Huron Regional Medical Center and the practitioners who provide services to the patient at the hospital.
True or False

3. What does HIPAA protect?
 - a) Protected Health Information
 - b) Any patient identifiers such as name, social security number, identifying marks, dates of birth and more.
 - c) Oral, written and electronic information.
 - d) All the above

4. What is permitted?
 - a) Treatment and care
 - b) Payment of bill
 - c) Healthcare Operations

5. The Law requires that we report gunshot wounds, suspected abuse, and communicable diseases.
True or False

6. There are four patient rights. True or False

7. Data confidentiality, integrity, and Availability are three Goals to Security Standards. True or False

8. Name an administrative safeguard. _____
9. Name a technical safeguard _____
10. Name a physical Safeguard _____



MEDICAL HISTORY QUESTIONNAIRE

(short form for temps, locums, students other than observation, contracted, or employed elsewhere)

CONFIDENTIAL FOR HEALTH FILES ONLY (not to be included in Credential File)

Name: _____ Telephone No.: () _____

Work Address: _____ Birth Date: _____

Sex: M F

Allergies: _____ Latex: Yes No Student Locums

HRMC Work Department/Location: _____ School Affiliation: _____

Estimated Time Frame for Rotation/Observation/Shadow: _____

You must have had a TB test in the 12 months.

Last TB Test or Chest X-Ray: Year _____ Result _____

- History of TB or Positive Test Yes _____ No _____
- Loss of Appetite Yes _____ No _____
- Night Sweats Yes _____ No _____
- Unexplained Fevers Yes _____ No _____
- Unexplained Weight Loss/Appetite Yes _____ No _____
- Blood in Urine Yes _____ No _____
- Persistent Cough Yes _____ No _____

Recently exposed to infectious / communicable disease (prior 2 weeks)? Yes _____ No _____

IMMUNIZATIONS:	DATE:	TITER RESULT(if applicable):	HAD DISEASE: (year)
MMR #1			
MMR #2			
Hepatitis B #1			
Hepatitis B #2			
Hepatitis B #3			
Hepatitis B Titer			
Varicella (Chicken Pox)			
Td or Tdap			
Annual Flu vaccination		__Mask if declined or unable to take vaccine i.e. egg allergy	

The above statements are true to the best of my knowledge. I understand that I may refuse to answer any item I so indicate, but any misstatement of fact may be grounds for release.

Signature of Applicant: _____ *Date:* _____

Signature of Person Reviewing Form: _____



**CONFIDENTIALITY OF INFORMATION/
HARASSMENT/ABUSE
STATEMENT**

I hereby acknowledge receipt of copies of following policies:

**Confidentiality of Information
Harassment
Victims of Child & Adult Abuse/Neglect**

I understand that any violation of the Confidentiality of Information and Harassment policies may result in my immediate discharge from Huron Regional Medical Center.

Print Name

Signature **Date**