



PRIVACY AND CONFIDENTIALITY UNDER HIPAA

STAFFING

All staff working on behalf of Specialty Nurses, Inc. will conduct themselves and their activities in a manner so as to protect the confidentiality of patient's individually identifiable health information as required by state and federal law. Prior to employment, staff will forward a signed HIPAA acknowledgment that will be included as part of their credentialing requirements.

HIPAA – WHAT IS IT?

The Health Insurance Portability and Accountability Act of 1996 – **called HIPAA – is a comprehensive federal law to protect an individual's personal health information.**

The privacy of all personal medical records and health information must be protected at all times. Such information includes verbal discussions, written documentation and electronic records and communications. HIPAA refers to this information as protected health information (PHI). The law protects healthcare recipients and gives them the right to control who will see their protected health information.

Protected health information that must be protected as confidential includes:

- ⇒ Individual information, such as:
 - Address & telephone number
 - Social security number
 - Credit card or other payment information
- ⇒ All healthcare information, such as:
 - Health care history
 - Diagnosis
 - Treatments
 - Medications
 - Observations of health status

Protected health information can be used only for purposes of:

- ⇒ Health care treatment
- ⇒ Billing and payment
- ⇒ Healthcare operations

HIPAA requires healthcare providers to use or share only the "minimum necessary" information. Protected health information may only be made available to the people who need the information to perform their jobs effectively. You should only access protected health information you "need to know."

PENALTIES FOR MISUSE OF PERSONAL HEALTH INFORMATION

It is illegal to release protected health information without permission or fail to adequately protect it from unauthorized release.

Failure to uphold the HIPAA Privacy Rule can result in civil and/or criminal penalties. Civil penalties include jail time up to 10 years. Misuse of personal health information is not only unethical, its against the law and carries significant consequences. It is part of everyone's job to help maintain confidentiality.

OTHER CONSEQUENCES OF MISUSE OF PHI

HIPAA's privacy rules apply to all Specialty Nurses employees and business associates, and have been incorporated into Specialty Nurses policies and procedures. Specialty Nurses reminds all of its employees and business associates of the importance to protect the privacy of all personal health information.

Specialty Nurses considers the protection of client and employee privacy of utmost importance, and any employee who violates the privacy and confidentiality of protected health information will be subject to disciplinary action, up to and including, termination of his/her employment with Specialty Nurses.

PRIVACY POLICIES AND PROCEDURES

Under HIPAA all healthcare organizations must establish policies and procedures regarding maintaining the privacy and security of healthcare information. As a result, home health care agencies, hospitals, nursing homes, and doctors offices all have written policies and procedures for maintaining and releasing individual healthcare information.

Each healthcare organization must develop a Notice of Privacy Practices which explains the way that protected health information may be used and/or disclosed and the individual's rights with respect to this health information.

All Notices of Privacy Practices include the following basic elements:

- ⇒ The circumstances under which and purposes for which health information may be used and disclosed:
 - To provide treatment – to coordinate care.
 - To obtain payment – to collect payment from third-party payers for care provided.
 - To conduct healthcare operations – to conduct performance improvement activities, business planning, accreditation activities.
 - For appointment reminders – to contact the person to remind them of an appointment.
 - For notification of treatment alternatives – to notify the person about possible treatment options.

- ⇒ Under the following circumstances, health information may be used and disclosed without receiving written consent:
 - When legally required by Federal, state or local law
 - When there are risks to public health
 - To report abuse, neglect or domestic violence
 - To conduct health oversight activities
 - In connection with judicial and administrative proceedings in response to a court order or subpoena
 - For law enforcement purposes
 - To coroners and medical examiners
 - To funeral directors
 - In the event of a serious threat to health or safety
 - For specified government functions
 - For Workers' Compensation

- ⇒ Individuals receiving health care have the following rights to authorize the use or disclosure of their health information:
 - Right to request restrictions – the right to request a limit on the disclosure of health information to someone who is involved in their care or the payment of their care.
 - Right to receive confidential communication – the right to request communication in a certain way.
 - Right to inspect and copy health information – the right to review their medical and billing records.
 - Right to amend healthcare information – the right to request that health care records be amended.
 - Right to an accounting – the right to an accounting of disclosures of their health information made for any reason other than for treatment, payment or health operations.
 - Right to receive a paper copy of the Notice of Privacy Practices.

TRAINING

All Specialty Nurses employees and contracted workers having access to protected health information are required to complete training in the HIPAA requirements, and to sign Specialty Nurses Employee Acknowledgment of HIPAA Training/Confidentiality Agreement to indicate their understanding of these privacy rules.

PRIVACY OFFICER

Each healthcare organization must have a privacy officer to implement and evaluate HIPAA compliance.

You can contact Specialty Nurses Privacy Officer at 888-744-1445 with questions or concerns regarding potential violations of the HIPAA privacy laws.

HIPAA FOR STAFFING PERSONNEL

Hospitals, nursing homes, doctor's offices and other facilities where Specialty Nurses employees provide services are subject to the HIPAA privacy regulations. Our clients expect all Specialty Nurses personnel to know and follow these privacy regulations. Each facility where you are placed will have its own specific Notice of Privacy Practices and regulations regarding patient privacy which you are required to follow.

During facility orientation on your first shift, be sure to ask about the facility's specific privacy regulations so that you can become familiar with their particular rules and follow their guidelines while on staff there.

PRIVACY ON THE UNIT FLOOR

Patient information should be kept secure and private, away from visitors walking through the area. Conversations regarding patients should be conducted away from public areas where information can be overheard by others.

COMMUNICATING WITH FAMILY MEMBERS

Family and friends that are involved in the care of the patient can be provided patient information if they are part of the care team.

Do not provide patient information to family members or friends who are not involved in the patient's care. HIPAA regulations protect the patient's right to maintain the confidentiality of their medical information, and this includes protecting their privacy from family members not directly involved in their care.

If visitors ask you for information about a patient, direct them to the information desk for assistance rather than giving out patient names or locations yourself.

RELEASING INFORMATION CONTAINED IN THE CLINICAL RECORD

HIPAA gives the patient the right to request to see and obtain a copy of their health information held by the facility, but you should never fulfill such a request on your own. Immediately inform your supervisor at the facility of any request and let them handle it according to the facility's procedures.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Parts 160 and 164

RIN 0991-AB08

Standards for Privacy of Individually Identifiable Health Information

AGENCY: Office for Civil Rights, HHS.

ACTION: Final rule; correction of effective and compliances dates.

SUMMARY: This action corrects the effective date of the final rules adopting standards for privacy of individually identifiable health information published on December 28, 2000, in the **Federal Register** (65 FR 82462), resulting in a new effective date of April 14, 2001. The change in the effective date delays, by operation of law, the compliance dates published in the final rules. The compliance dates in the final rules are revised accordingly.

DATES: 1. The effective date of the Standards for Privacy of Individually Identifiable Health Information published in the **Federal Register** on December 28, 2000, at 65 FR 82462 as amended by this final rule is April 14, 2001

2. The revision to 45 CFR 164.534 is effective April 14, 2001.

FOR FURTHER INFORMATION CONTACT: Kimberly Coleman, 1-866-OCR-PRIV (1-866-627-7748) or TTY 1-866-788-4989.

SUPPLEMENTARY INFORMATION: On December 28, 2000, we published in the **Federal Register** final rules adopting standards for the privacy of individually identifiable health information (Privacy Rule). The Privacy Rule is the second in a series of rules mandated by sections 261-264 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. In general, the Privacy Rule established in 45 CFR Part 160 a set of definitions applicable to the entire set of HIPAA rules, requirements for requesting that a state law be exempted from preemption by the statute, and compliance and enforcement requirements. The Privacy Rule also establishes a new Subpart E of Part 164. Subpart E establishes standards which entities covered by the statute—health plans, health care clearinghouses, and certain healthcare providers—are required to comply with to protect the privacy of certain individually identifiable health information (“protected health information”). The standards establish requirements relating to the uses and disclosures of protected health information, the rights of individuals with respect to their protected health information, and the procedures for exercising those rights.

We have determined that the report to the Congress required by 5 U.S.C. 801(1)(1) was not received, as previously thought, concurrent with the transmission of the Rule to the **Federal Register**. The required report was received by the Congress on February 13, 2001. Under 5 U.S.C. 801(a)(3)(A), the effective date of a major rule is, as pertinent here, “the later of the date occurring 60 days after the date on which * * * the Congress receives the [required] report * * *, or * * * the rule is published in the **Federal Register**, is erroneous; rather under 5 U.S.C. 801 (a)(3)(A), the actual effective date of the Privacy Rule is 60 days after the receipt by the Congress of the final rule, or April 14. This final rule corrects the previously published effective date of the Privacy Rule accordingly.

Because the correction of the effective date is required by law, we find good cause under 5 U.S.C. 553(b)(3)(B) and 553(d)(3) to waive public comment thereon and to make the correction effective immediately upon publication today in the **Federal Register**.

Under section 1175 of the Social Security Act, 42 U.S.C. 1320d-4, enacted by section 262 of HIPAA, most covered entities have two years following initial adoption of a HIPAA standard to come into compliance with the standard; small health plans have three years. Since a HIPAA standard is adopted when the rule adopting it becomes effective, the change in effective date, by operation of law, has the effect of moving the statutory compliance dates forward by a commensurate period. As the compliance dates are part of the text of the Privacy Rule (45 CFR 164.534), they are being amended to reflect the change in the effective date.

This amendment is technical in nature and is required by statute, in light of the change of the effective date of the Privacy Rule. Consequently, we find that good cause under 5 U.S.C. 553(b)(3)(B) exists for waiving prior public comment on the revision to § 164.534.

List of Subjects

45 CFR Part 160

Electronic transactions, Employer benefit plan, Health, Health care, Health facilities, Health insurance, Health records, Medicaid, Medical research, Medicare, Privacy, Reporting and record keeping requirements.

45 CFR Part 164

Electronic transactions, Employer benefit plan, Health, Health care, Health facilities, Health insurance, Health records, Medicaid, Medical research, Medicare, Privacy, Reporting and record keeping requirements.

Dated: February 22, 2001

Tommy G. Thompson,
Secretary.

For the reasons set forth in the preamble, § 164.534 of title 45, Code of Federal Regulations, is amended as follows:

1. The authority citation for Subpart E of 45 Code of Federal Regulations Part 164 is revised to read as follows:

Authority: 42 U.S.C. 1320d-2 and 1320d-4, sec. 264 of Publ. L. 104-191, 110 Stat. 2033-2034 (42 U.S.C. 1320d-2(note)).

2. Section 164.534 of Subpart E of 45 Code of Federal Regulations Part 164 is revised to read as follows:

§ 164.534 Compliance dates for initial implementation of the privacy standards.

Health care providers. A covered health care provider must comply with the applicable requirements of this subpart no later than April 14, 2003.

Health plans. A health plan must comply with the applicable requirements of this subpart no later than the following as applicable:

- (1) *Health plans other than small health plans.* April 14, 2003.
- (2) *Small health plans.* April 14, 2004.
- (c) *Health clearinghouses.* A health care clearinghouse must comply with the applicable requirements of this subpart no later than April 14, 2003.

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SPECIALTY NURSES, INC. HIPAA ACKNOWLEDGEMENT POLICY

Subject: Agency compliance regarding privacy and confidentiality.

Title: Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose: To establish a policy to ensure Specialty Nurses and its' employees compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to ensure standards for Privacy of Individually Identifiable Health Information.

Accountability: Specialty Nurses employees will be held accountable for the compliance of HIPAA while practicing standards of care in contracted facilities. All staff are required to comply with and to protect the privacy of certain individually identifiable health information ("protected health information"). The standards establish requirements relating to the uses and disclosures of protected health information, and the procedures for exercising those rights.

Applicability: This policy/acknowledgment shall apply to health information that is generated during the provision of health care to patients in all our contracted facilities.

References:

45CFR, 160, Code of Federal Regulations, Title 45, Part 160, Subpart C, General Administrative Requirements, Compliance and Enforcement.

45 CFR, 164.51(e), Code of Federal Regulations, Title 45, Part 164, Subpart E, Security and Privacy, Privacy of Individually Identifiable Health Information.

45 CFR, 164.530, Code of Federal Regulations, Security and Privacy, Administrative Requirement.

Policy/Acknowledgment: All staff working on behalf of Specialty Nurses will conduct themselves and their activities in a manner so as to protect the confidentiality of patient's individually identifiable health information as required by state and federal law.

Requirements: I understand I am required to follow the policy of each facility and to accept HIPAA in-service at each location. I will conduct and maintain the standards of care with the assistance of the policy and procedures of appropriate departments and units of each contracted facility. I understand that I will provide notice to patients of facilities privacy practices for Protected Health Information (PHI). I will protect the confidentiality of uses and disclosures of PHI, including requiring appropriate authorizations, and/or an opportunity to agree or object when mandated by law for uses and disclosures of PHI. I will implement appropriate and reasonable administrative, technical, and physical safeguards to protect the privacy of PHI from unauthorized use or disclosure. I will follow facility policy to assure that a process is in place that allows individuals to restrict uses and disclosures of their health information. I will follow facility policy to assure the patient that their health information can be communicated by alternate means or location if requested. I will follow facility policy for maintaining and providing an accounting of facilities uses and disclosures of PHI to requesting individuals to whom the information pertains. I will follow the facility policy that assures a process is in place that allows the individual to access, inspect, and/or obtain a copy of their health information. I will follow the facility policy when assuring that a process is in place that allows individuals to request that a unit amend their health information. I will follow facility policy when informing an individual of a contact person/office for complaints concerning facility and its compliance with health information privacy and patient rights and other matters covered under the notice.

Non-Compliance: I understand I will be held accountable for complaints of non-compliance and all the monetary penalties and associated expenses if incurred. All incidences will be investigated with the supervision of the facility.

Acknowledgment: I, as a Specialty Nurses health care professional acknowledge the law of implementing HIPAA and the Privacy Rule to my standards of care while practicing under the policy/procedures of contracted facilities. I acknowledge that I will be held fully accountable for my compliance. I also acknowledge receipt of my HIPAA Handbook, which I have read and understand.

Signature

Date

Print name here

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