The Health Insurance Portability & Accountability Act (HIPAA) requires that the University train all workforce members about the University’s HIPAA Policies and those specific HIPAA-required procedures that may affect the work you do for the University.
HIPAA Training Categories:

HIPAA requires that we document that everyone receives training. Please complete the following information. Check all the categories that apply to the work you do for the University so that we can match you with the correct education program.

Name____________________ Employee ID__________________

Please check all those categories that best describe what you do (other categories on the next slide).

- 1. Health Care Providers and Trainees: people with patient care responsibility or those who are training to provide patient care (e.g., physicians, nurses, physical therapists, pharmacists, professionals who provide therapeutic, counseling, rehabilitative or palliative care and UC and non-UC health professional trainees).

- 2. Research: people who use and create patient information in connection with research (e.g., including physician researchers and staff, IRB administration and staff)

- 3. Patient Information Management: people with responsibility for managing patient information and records (e.g., medical records, billing, admissions, financial eligibility, managed care, and patient relations)
Please check all categories that apply to the work you do for the University.

- 4. Administration, Business, Financial, HR, Benefits and Legal: people who provide administrative, business, legal and financial support and services

- 5. Purchasing and Contracting: people who negotiate contracts and services with outside vendors

- 6. External Relations and Institutional Advancement: people who have responsibility for public and media relations, fundraising, development and other communications with the public about the University

- 7. All Other Employees or Volunteers: people who work in a broad range of jobs that provide important services to support the University’s mission and take care of the public and patients, including cafeteria and dietary staff, environmental and housekeeping services, laundry services, gift shop salespeople, patient escorts and information desk clerks and University volunteers
This HIPAA Training Program will help you understand...

- **What**...is HIPAA?
- **Who**...has to follow the HIPAA law?
- **When**...do we start?
- **How**...does HIPAA affect you and your job?
- **Why**.....is HIPAA important
- **Where**...can you get help with HIPAA?
What is HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act, a federal law that...

- Protects the privacy of a patient’s personal and health information
- Provides for electronic and physical security of personal and health information
- Simplifies billing and other transactions
Who Has to Follow the HIPAA Law?

EVERYONE
What Patient Information Must We Protect?

We must protect an individual’s personal and health information that:

- Is created, kept, filed, used or shared
- Is written, spoken, or electronic

HIPAA says that this information is **Protected Health Information (PHI).**
Examples of PHI (Protected Health Information)

- A person’s name, address, birth date, age, phone and fax numbers, e-mail address

- Medical records, diagnosis, x-rays, photos, prescriptions, lab work and test results

- Billing records, claim data, referral authorizations, explanation of benefits

- Research records
The University May Create, Use and Share a Person’s PHI for:

- Treatment of the patient, including appointment reminders
- Payment of health care bills
And for Certain Other Activities, including:

- Teaching
- Medical Staff activities
- Business and management operations
- Disclosures required by law
- Public Health and other governmental reporting
For many other uses and disclosures of PHI...

UC must get a **signed authorization** from the patient.

(e.g., to disclose PHI to the media)
HIPAA Requires the University to:

- Give each patient a *Notice of Privacy Practices* that describes:
  - How the University can use and share his or her protected health information (PHI)
  - A patient’s privacy rights
  - Ask every patient to sign a written acknowledgment that he/she received the *Notice of Privacy Practices*
The Notice Explains What UC Can Do With PHI

The *Notice of Privacy Practices* is linked on the Health Center website:

www2.ucsc.edu/healthcenter

You can call the UCSC Medial Records Supervisor Records at 459-3327 or the UCSC HIPAA Privacy Liaison at 459-2666 to ask questions or get a copy of the Notice:
When…Does UC Have to Protect PHI?

NOW!
How...Does HIPAA Affect My Job?

If you currently see, use or share a person’s protected health information (PHI) as a part of your job, HIPAA may change the way that you do your job.

If you currently work directly with patients, HIPAA may change the way that you do your job.

As a part of your job,
you must protect the privacy of patient and UC employees’ PHI!
When Can You Use PHI?

*Only to do your job!*  
At all other times, protect a patient’s information as if it were *your own information!*
You May…

- **Look** at a person’s PHI only if you need it to do your job
- **Use** a person’s PHI only if you need it to do your job
- **Give** a person’s PHI to others when it is necessary for them to do their jobs.
- **Talk** to others about a person’s PHI only if it is necessary to do your job
I work in admitting. A friend who works in the ER told me that she just saw a famous movie star get on the elevator with some men who looked like bodyguards. My friend is curious about this famous person. She read in the paper that the actress has cancer. My friend asked me to find out what floor the star is on because we know the numbers of the cancer floors.

“What harm can it do?” my friend asks.
What Does HIPAA Say to the Admitting Clerk?

- Do you need to know which floor the movie star is on for you to do your job?

- Does your friend need to know if the movie star has cancer for her to do her job?

- If you were ill, would you want strangers to have your private information?

**HIPAA** says that if you tell your friend, it is the wrong thing to do.
How Do I Know…
If HIPAA Affects My Job?

- Your supervisor or manager may give you more HIPAA Privacy training and written information that describes how HIPAA affects your job.

- If you have questions about what you must do, ask your supervisor.

  OR

- Contact the Medical Records Administrator (459-3327) or the UCSC HIPAA Privacy Liaison (459-2666)
Remember...HIPAA says:

See no PHI

Speak no PHI

Hear no PHI

...Unless you need the PHI to do your job.
Why... is Protecting Privacy and Security Important?

• We ALL want our privacy protected when we are patients—It’s the Right Thing to DO!

• HIPAA and California law require us to protect a person’s privacy
UC Expects Everyone to...

Protect a patient’s information

Protect another employee’s information

Follow the University’s privacy and security policies

AND REMEMBER ... If it is not your business, it is none of your business!
And... UC is Serious About Protecting Our Patients’ Privacy!

- Someone who does not protect a patient’s privacy could lose his or her job, pay fines or even go to jail

- Fines are $50,000 to $250,000

- Jail terms are up to ten years
I am a file clerk. One of the managers in my unit has been trying to get pregnant. While opening lab reports, I saw her lab results. Her pregnancy test was positive! That night at a holiday party, I saw her with some friends, and congratulated her on her pregnancy. Later I heard that she did not know about the test results. I was the first person to tell her!

Did I do the right thing?
HIPAA asks...

- Did you need to read the lab results to do your job?
- Is it your job to provide a patient with her health information—even if the individual is a friend or fellow employee?
- Is it your job to let other people know an individual’s test results?
- Should a University employee look at another employee’s medical information?
- How would you feel if this had happened to you?

▶ Do not look at, read, use or tell others about an individual’s information (PHI) unless it is a part of your job.
Protecting Patient Privacy Requires Us to Secure Patient Information
If you are responsible for computer or physical security of PHI in your unit please review the following slides.
Security Means that…

Everyone must secure and safeguard PHI so that others cannot see or use it…

UNLESS it is necessary to do the job
Secure all PHI

• Do not share or give anyone your passwords – under any circumstances!

• Log-off computers when finished and secure paper records that contain PHI!

• Destroy, shred or put in the designated bins all paper that could contain PHI!
HIPAA Story

As part of my job, I work with PHI every day in the University’s business office. One day I was so tired from working late that I left patient files open on my desk so I could work on them early the next day.

Why clean up? Isn’t it my co-worker’s responsibility not to look at what is on my desk?
What Does HIPAA Say? What is University Policy?

- HIPAA and University policy say that it is both your responsibility and your co-worker’s responsibility to do the right thing.

- Each of us has a responsibility to protect others from seeing or using PHI, except when we need the PHI to do our jobs.

*It is your job AND your co-worker’s job to protect the privacy of a person’s PHI!*
Treat a Patient’s Information…

As if it were your own information

It is the right thing to do!
The University Needs Your Help In Protecting Our Patients’ Privacy
Where Do You Go If You Need Help?

• Privacy and Security Officer:

___________________________________

• Phone: ____________________________
Email: _______________________________

• Web site: http://…____________________
Just checking. Please answer the following questions.

1. What is PHI? (Please click on all answers you think are right. There may be more than one right answer.)
   
   a. A person’s Protected Health Information.
   
   b. A person’s health, billing or payment information that is created or received by a health care provider or health plan.
   
   c. Protected Health Information is information about a person that can be used to identify the person.
   
   d. PHI is a person’s information that is protected by the HIPAA law.

Click the next slide for the correct answer.
Just checking. Please answer the following questions.

1. What is PHI? (Please click on all answers you think are right. There may be more than one right answer.)

   a. A person’s Protected Health Information.
   b. A person’s health, billing or payment information that is created or received by a health care provider or health plan.
   c. Protected Health Information is information about a person that can be used to identify the person.
   d. PHI is a person’s information that is protected by the HIPAA law.
Just checking. Please answer the following questions.

2. Who has to follow the HIPAA Law? (Please click on all answers you think are right. There may be more than one right answer.)

a. My supervisor, and other administrators, managers and directors
b. Everyone
c. I don’t know

Click the next slide for the correct answer
Just checking. Please answer the following questions.

2. Who has to follow the HIPAA Law? (Please click on all answers you think are right. There may be more than one right answer.)

a. My supervisor, and other administrators, managers and directors
b. Everyone
c. I don’t know
3. When can the University use or disclose PHI? (Click on all the answers you think are correct. )

a. For treatment of a patient, if the patient has received the University’s Notice of privacy practices.
b. For payment of bills, if the patient has received the University’s Notice of privacy practices.
c. For teaching activities, if the patient has received the University’s Notice of privacy practices.

Click the next slide for the correct answer
Please continue with these questions

3. When can the University use or disclose PHI? (Click on all the answers you think are correct.)

a. For treatment of a patient, if the patient has received the University’s Notice of privacy practices.
b. For payment of bills, if the patient has received the University’s Notice of privacy practices.
c. For teaching activities, if the patient has received the University’s Notice of privacy practices.
Please continue with these questions

4. When must you protect a patient’s personal or health information? (Click on one or more answer.)

a. NOW because there are federal and California laws that protect a person’s information.
b. NEVER
c. I don’t know

Click the next slide for the correct answer
Please continue with these questions

4. When must you protect a patient’s personal or health information? (Click on one or more answer.)

   a. NOW because there are federal and California laws that protect a person’s information.
   b. NEVER
   c. I don’t know
5. When can you use or disclose PHI? (Click on one or more answer).

a. Only if HIPAA allows me to use or disclose PHI as a part of my job.
b. For the treatment of a patient, if that is part of my job.
c. For obtaining payment for services, if that is part of my job.
d. For teaching activities, if that is part of my job.

Click the next slide for the correct answer.
Please continue with these questions

5. When can you use or disclose PHI? (Click on one or more answer).

a. *Only if HIPAA allows me to use or disclose PHI as a part of my job.*

b. *For the treatment of a patient, if that is part of my job.*

c. *For obtaining payment for services, if that is part of my job.*

d. *For teaching activities, if that is part of my job.*
Please continue with these questions

6. Where can you go to get more information about what HIPAA says that you and the University can do with PHI? (Click on one or more answer.)

a. In the University’s Notice of Privacy Practices.
b. From the University’s HIPAA Web-site.
c. From my supervisor or manager.
d. From the University’s Privacy Officer.

Click the next slide for the correct answer
Please continue with these questions

6. Where can you go to get more information about what HIPAA says that you and the University can do with PHI? (Click on one or more answer.)

a. In the University’s Notice of Privacy Practices.
b. From the University’s HIPAA Web-site.
c. From my supervisor or manager.
d. From the University’s Privacy Officer.
Some members of the workforce may continue with additional HIPAA training that is specific to the job that they perform for the University.
Training Certificate

Congratulations!

- You have now completed the “HIPAA PHI Workforce Training” module.
- Please print this slide, sign and date it and provide it to your supervisor or unit head to document that you have completed this mandatory training.
- **Disclaimer**: This module is intended to provide educational information and is not legal advice. If you have questions regarding the privacy / security laws and implementation procedures at your facility, please contact your supervisor or the healthcare privacy officer at your facility for more information.

Print Name: __________________Dept.: ______

Signature: __________________Date: ______