HIPAA Overview

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act, a federal law which was passed in 1996. HIPAA imposes several requirements related to health insurance and health records.

One aspect of HIPAA, known as the Privacy Rule, provides patients with certain rights with respect to their health information, requires that health care providers protect the privacy of health information, and requires that those working for health care providers be trained in policies and procedures related to maintaining privacy. The HIPAA Privacy Rule applies to health information in any form, including paper, electronic, and oral.

The HIPAA Security Rule is specific to electronic copies of health information and requires it to be maintained in a way that protects the availability, integrity and confidentiality of these records.

This document provides an overview of HIPAA Privacy Rule requirements to ensure that you are aware of your responsibilities while working at Yale.

Individuals who will work with electronic versions of health information must also complete training on the HIPAA Security Rule which is available on-line at https://hipaa.yale.edu/training/training-modules

What are the key points of HIPAA Privacy?

PHI

HIPAA identifies those records which are affected by the regulation as Protected Health Information (PHI). PHI is defined generally as any information which identifies the individual and which is related to an individual's physical or mental health, health care or health care payment.

Some examples of health information include:
- Medical charts
- Billing information
- X-rays and films
- Lab test results
- Diagnosis and treatment data

Some examples of identifiers include:
- Name and address
- Phone number
- Medical record number
- Social security number
- Photos
- Billing or other account numbers
- Date of birth or date of visit

Patient Rights

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The HIPAA Privacy Rule affords patients the following rights with respect to their protected health information (PHI):

- Right to be notified of our privacy practices
- Right to access and amend their designated record set
- Right to an accounting of who has reviewed their health information other than for treatment, payment or healthcare operations or with the patient's authorization.
- Right to request that access to their health information be restricted or to allow for confidential communication of that health information
- Right to file a complaint with the US Department of Health and Human Services
- Right to be notified in the case of a breach of their PHI

Privacy

HIPAA requires that we maintain the privacy of health information by:

- Limiting access to health information to those who are involved in
  - treatment of the patient,
  - payment for that treatment
  - our own health care operations
- Restricting access for purposes other than those listed above to those instances which were authorized by the patient or which fall into specific categories defined by the federal regulations.
- Providing or viewing only the minimal amount of health information necessary to perform these functions.

How does HIPAA impact how I perform my job while I am here?

For all individuals working at the clinical departments of Yale School of Medicine, Yale School of Nursing, Yale Health, Department of Psychology Clinics or the Yale Benefits Office, care must be taken to:

- Ensure the confidentiality of any PHI which you have access to by:
  - ✓ Not sharing the information with others who have no need to know, including co-workers, family members or friends
  - ✓ Minimizing opportunities for patient information to be overheard by others
  - ✓ Securing paperwork which contains PHI from viewing by others by storing such paperwork in a drawer or folder when not in use
  - ✓ Closing computer programs containing patient information when not in use
  - ✓ Using a cover sheet when faxing PHI
  - ✓ Never sharing passwords or logging in under someone else's password
  - ✓ Disposing of information containing PHI properly such as shredding paper files
- Limit access to PHI by:
  - ✓ Only viewing those health records which are necessary for your job
  - ✓ Checking that individuals asking for PHI have a legitimate reason and if you are unsure, check with your supervisor
  - ✓ Checking with your supervisor regarding requests for access other than by a treating clinician or individual involved in processing payment.

When your position involves interacting with patients, please be aware that patients may wish to act on their HIPAA patient's rights. Such requests should be directed to your supervisor as Yale has specific procedures and forms which must be followed in handling the request.

What happens when I leave Yale?

Your obligation to maintain the privacy of health information continues even after you leave Yale. Patients rely on us, as members of the Yale community, to never share their health information inappropriately.

Reporting Potential Breach Incidents

Federal law requires that information security breaches involving protected health information be reported to the affected patients, the federal government, and, in some cases, the media.

Notify Yale IMMEDIATELY of all events that might be potential breaches!

Call 203-627-4665 if you believe ePHI/PHI might have been lost, stolen, compromised, misdirected, etc. Yale HIPAA professionals will work with you to determine the next steps, and whether the event requires notification.

Anyone else wishing to report a HIPAA concern should call 203-432-5919.

Who should I speak to if I have questions?
Should you have question about your responsibilities under HIPAA please ask your supervisor, check the web site at http://www.hipaa.yale.edu/ or contact the privacy office at hipaa@yale.edu or 432-5919.

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Yale Requirements related to HIPAA Privacy Training

I understand that patient records including demographic, biographic, insurance, financial, and clinical information are confidential. In the course of employment or association with the Yale University, this information may be required and consequently accessed from file folders, computer display screens, and computer printers. I understand that I should only access that information which I need to perform my work related duties and that my access to the system may be monitored electronically.

Release of this confidential information, either written or verbal, except as required in the performance of work, is a critical violation of employee conduct. As such, it may be considered reason for immediate termination of employment and could result in civil and criminal penalties under the Health Insurance Portability and Accountability Act of 1996.

Yale Requirements related to HIPAA Security Training

The HIPAA Security Rule also requires that all individuals in the covered entities who handle protected health information in an electronic form complete training on the requirements of the Security Rule. Yale University policy also requires that all within the covered entity departments who use computing or communications systems during the course of work, complete the online HIPAA Privacy and Security training.

HIPAA Privacy and Security Training Certification

By signing below, I certify that:

☐   I have read and understand the HIPAA Privacy Overview Training and agree to the above HIPAA Privacy Training statements.

AND

☐   I do NOT create, receive, maintain or transmit Protected Health Information in an electronic form or provide IT support to someone who does in the performance of my University appointment.

AND

☐   I do NOT use computing or communications systems during the course of my work at the School of Medicine, School of Nursing or the University Health Plan. This includes Systems use on-campus as well as from remote locations, such as home, hotels and other off-campus locations and the use of a Yale e-mail account.

_____   _____
Signature   Date

_____   _____
Please Print or Type Name   Yale NetID

_____   _____
Department Name   Supervisor's Name

_____   _____
Job Title   Lead Administrator's Signature

Forward to: HIPAA Privacy Office, P.O. Box 208255, New Haven, CT 06520-8255;
Fax: 203-432-4033; hipaa@yale.edu

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