

## Breach Prevention: What You Need to Know About HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) and Yale University policy requires you to protect the privacy and security of “Protected Health Information” (PHI). PHI means any information that identifies a person and relates to at least one of the following:

- The person’s past, present or future physical or mental health.
- The provision of health care to the person.
- Past, present or future payment for the person’s health care.

At Yale School of Medicine, we provide clinical care and engage in research that may require accessing and utilizing a patient or study subject’s PHI. PHI may be stored in a computer, on a piece of paper or spoken in conversation and must be treated with proper care and discretion at all times.

JUSTIFY YOUR ACCESS	PRACTICE REQUIRED CARE	MAINTAIN & PROTECT CONFIDENTIALITY
<i>Ensure that access to patient record is based only on the work you do and is the minimum necessary</i>	<i>Exercise care when distributing, scanning, handling and disposing of PHI</i>	<i>Protect a patient’s right to confidentiality. Always guard against inadvertent disclosure</i>
<ul style="list-style-type: none"> <li>✓ Ensure you have a business reason to view information and only view the amount of information required. Never go into a record or view PHI that isn’t related to your work.</li> <li>✓ Only access PHI under your own credentials and never allow anyone to access records or systems containing PHI under yours.</li> <li>✓ Remember it’s never okay to access the information of a co-worker, neighbor, celebrity, family member or anyone else unless you have a work-related task that requires you to do so.</li> </ul>	<p>Always double check:</p> <ul style="list-style-type: none"> <li>✓ Patient credentials to ensure you are accessing the correct patient files</li> <li>✓ Patient records you are distributing or mailing are sent to the correct patient using multiple identifiers.</li> <li>✓ You have the correct fax number and email address (be mindful of auto populate)</li> <li>✓ The name on the letter and the envelope match</li> <li>✓ You are using the Inbox feature in EPIC when emailing PHI to clinicians and providers,</li> <li>✓ Documents are being scanned into the correct chart</li> <li>✓ You are protecting PHI from the view of and access by others</li> </ul> <p>✓ Remember to shred or destroy documents to properly dispose of them.</p>	<ul style="list-style-type: none"> <li>✓ Discuss PHI in a private location.</li> <li>✓ Do not disclose by what you say or what you post anything that has the potential to expose someone as a patient.</li> <li>✓ Verify that a caller is the patient or their authorized representative before disclosing PHI.</li> <li>✓ Limit the ability for others to view patient information that may be visible at your workstation (in documents, medical images, computer screens).</li> <li>✓ Protect the identity of patients and their PHI even though you may share mutual friends or acquaintances.</li> <li>✓ Ensure that all PHI is secured and inaccessible when you leave your work area.</li> </ul>
<b><i>Remember that what you say, what you post and how you handle PHI are core to your HIPAA compliance obligations</i></b>		

### Resources

- ☑ Ask/tell your supervisor or another supervisor if your supervisor is not available
- ☑ Ask/tell your HIPAA Liaison
- ☑ Contact HIPAA Privacy Office (203-432-5919) or [hipaa@yale.edu](mailto:hipaa@yale.edu)



## ANALYTICAL TEST

### Ask Yourself:

1. Is access to this record or this information part of my daily job requirements?
2. Is this access necessary for Treatment, Payment or Health Care Operations?
3. Am I accessing information to do something that will help a patient in some way, even though it is not part of my regular job?
  - a. Promote patient safety? Prevent missed appointment? Improve patient experience? Provide good customer service? Promote efficiency in our workflow?
4. Is there any other way that I can obtain this information other than accessing the account?

*If the answer is “yes” to #1-#3, it is required/allowed for you to access the information. If there is an alternate method to obtain the information, try the alternate method first.*

**If you are unsure, follow this rule of thumb.....ASK!**

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