Temple University Health System

Corporate Compliance Program

STANDARDS OF CONDUCT

HIPAA PRIVACY & SECURITY

Maribel Valentin, Esquire
Associate Counsel
Corporate Compliance and Privacy Officer

Temple University Health System

The TUHS Corporate Compliance Program is composed of five elements:

- Standards of Conduct
- Corporate Compliance and Privacy Officer (CCO)
- Compliance Hotline (800-910-6721)
- Compliance Infrastructure
- Continued Compliance

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STANDARDS OF CONDUCT

1. *Following the rules* TUHS employees will carry out their duties in a manner that is compliant with all relevant laws and regulations, and consistent with best practices adopted by TUHS

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STANDARDS OF CONDUCT

2. *Reporting violations*: Each employee has an individual responsibility for reporting to an appropriate supervisor or senior management or the Compliance Officer any activity by any colleague, physician, subcontractor, vendor or any process that appears to violate applicable laws, rules, regulations, accreditation standards, standards of medical practice, federal healthcare conditions of participation, or this compliance program.

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NO RETALIATION

It is the stated policy of TUHS that no retaliation will be taken against any employee for reporting problems.

- Reports may be made anonymously, through the Compliance Hotline, or
- Directly to Maribel Valentin, Esq. Associate Counsel and CCO at (215) 707-5605.

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STANDARDS OF CONDUCT

3. *Medical Necessity*: All treatment recommended and implemented at TUHS will be medically necessary; medical necessity is determined by the accepted professional standards of the relevant medical profession. Treatment decisions will not be affected by the patient's type of insurance or the patient's ability to pay for such services.

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4. *No Referral Payments*: TUHS will not pay any person or entity any form of remuneration for the referral of patients nor offer any financial inducement, gift or bribe to any prospective patients to encourage them to undergo treatment at TUHS.

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STANDARDS OF CONDUCT

5. *Accurate Records*: All billing and patient records will be accurate, complete and as detailed as required by government and professional standards. Each step in the treatment process, from admission through discharge, shall be documented appropriately in the patient's medical records. Furthermore, no service will be billed unless fully justified by the documentation of the medical staff as reflected in patient medical records.

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STANDARDS OF CONDUCT

6. *Full Implementation of the Standards of Conduct*:

   The Standards of Conduct apply to all TUHS employees. To the extent feasible, TUHS will ensure that all pertinent provisions of the Standards of Conduct will be implemented fully for all TUHS-managed facilities, and bind any independent contractors, temporary or contract employees.

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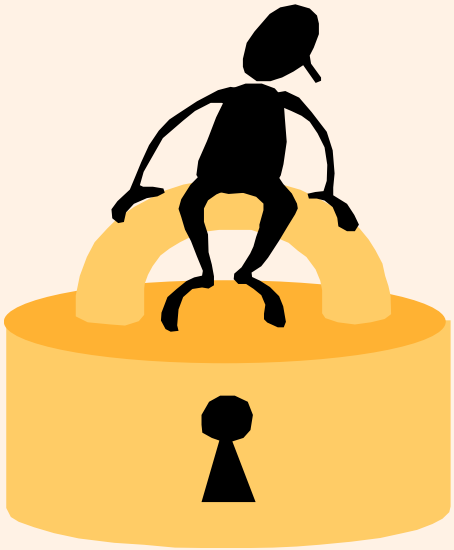
HIPAA
Privacy & Security Regulations



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HIPAA – It's the Law

- Federal requirement
  - Privacy- effective since April 14, 2003
  - Security- effective on April 21, 2005
    - HITECH- effective February 11, 2009

- Requires healthcare organizations to maintain the privacy and security of Protected Health Information (PHI).

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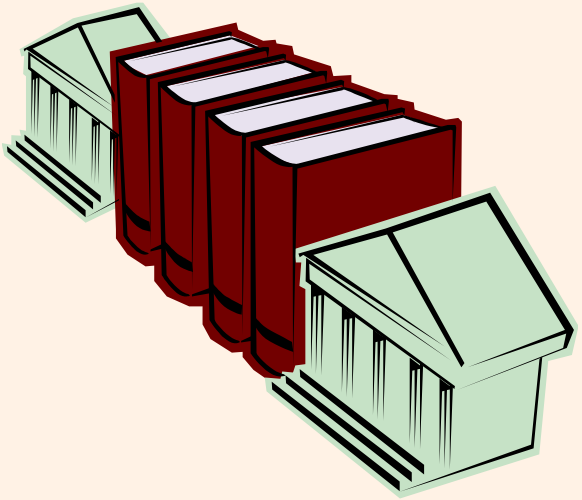
HIPAA vs State Law



- When state law is more restrictive than the federal HIPAA Regulations, then **state law prevails**, for example:
  - Pennsylvania has set more restrictions on releasing certain types of records:
    - HIV/AIDS
    - Drug/Alcohol
    - Mental Health
  - **Requires** patient authorization **prior** to release.

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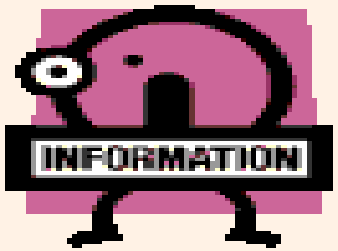
Privacy Rule

- Covers <u>all</u> Protected Health Information (PHI)



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Understanding PHI

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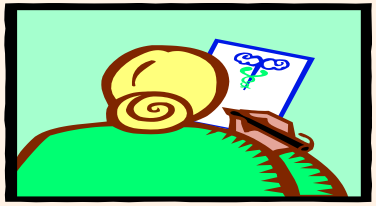

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- PHI is any and all information about a patient's health that identifies the patient, or information that could identify the patient.
- As a rule of thumb, any patient information that you see, hear or say must be kept confidential.

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Understanding PHI cont'd

- **PHI** is information that can individually identify a patient.
- **PHI** can include:
  - Any type of information found in medical and billing records, for example:
    - Diagnoses, Test Results, Progress Notes, etc…
    - Name, Address, Phone, Social Security Number, Photographs, Date of Birth, medical record number, billing number, etc…

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Preventing Unauthorized Disclosures

- Do not:
  - Discuss patient information in public areas
  - Position computer screens or leave it unattended so unauthorized persons may view the private data
  - Leave medical records unattended

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HIPAA Patient Privacy “Rights”

The Privacy Regulations provide patients with the following Rights:

- **Right to Notice -** Right to receive the TUHS Privacy Notice upon registration that describes how we use and disclose Protected Health Information and how to gain access to the information.
- **Right to Access -** Right to inspect and/or receive copies of their medical record.
- **Right to Amend -** Right to request a change in their medical information.
- **Right to an Accounting of Disclosures -** Right to request a listing of certain disclosures made by the facility of their protected health information

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HIPAA Patient Privacy Rights cont'd

- **Right to Request Restrictions -** Right to request a limit on the medical information we use or disclose about the patient for treatment, payment or healthcare operations.
- **Right to Request Confidential Communications -** Right to request that the hospital communicate with the patient in a certain manner or at a particular address.
- **Right to File a Complaint** - Right to file a complaint with the hospital Privacy Officer or with the Secretary of Health and Human Services if they feel their privacy rights have been violated.
- **Right to Breach Notification-** Right to receive notification of the unauthorized disclosure of Protected Health Information.

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HIPAA and the Police

- Limited exception to HIPAA
  - Under specific circumstances PHI can be given to police without authorization.
    - With a court order, warrant, subpoena or summons
    - If mandated by statute- gunshots, child abuse
    - To correctional facilities for continuity of care
    - If a crime is committed on TUHS premises
    - To locate a suspect or missing person or,
    - If the victim of the crime agrees or if unable to agree it is determined to be in the victim's best interest.

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How much PHI can we share?

- All disclosures are subject to a determination that PHI disclosed is the **MINIMUM NECESSARY** for the lawful purpose.

- The hospital must either know the official making the request or verify their identity and authority before disclosing PHI.

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Security Rule

- Focuses on Safeguarding **e**lectronic **P**rotected **H**ealth **I**nformation (**ePHI**)

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General Security Requirements

- Ensure the confidentiality, integrity and availability of all electronic Protected Health Information (ePHI)
  - Confidentiality: that patient information is not made available or disclosed without proper authorization.
  - Integrity: that patient information has not been altered or destroyed.
  - Availability: that patient information is accessible and usable upon demand by an authorized person.

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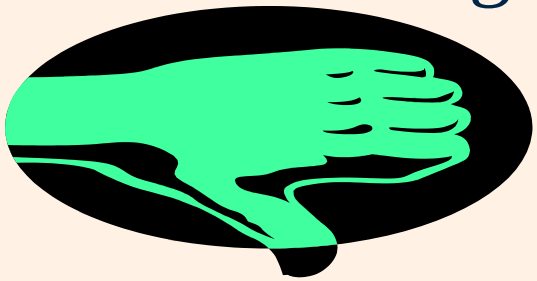
Security Safeguards

Security Safeguards that ***must*** be met include:

- **Administrative -** Developing information security programs designed to protect ePHI and to also manage the conduct of the workforce in the relation to the use of the protected information.
- **Physical -** Ensuring the physical protection of information systems including the protection of related buildings and equipment from natural and environmental hazards and unauthorized intrusion.
- **Technical -** Identifying technology to be utilized and ensuring procedures are in place to protect ePHI and to control access to it.

Computer Sign-on Access

- PC users at work are not to:
  - Disclose, share or post sign-on codes
  - Use sign-on codes to obtain access to unauthorized information
  - Use someone else's sign-on code



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Information Management

- PC users at work are not to:
  - Use, acquire, transmit, or duplicate unauthorized software.
  - Alter or copy for non-business purposes any Health System information.

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Prevent Access to Unauthorized Information

- Do not:
  - Leave a computer unlocked with logon
  - Leave data unattended or unlocked
  - Email confidential information unless encrypted & decrypted using a TUHS approved method
  - Remove information from the worksite via laptops, diskettes or printouts without prior approval from the owner of the information

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Important Policies
Information Management

- DO NOT
  - Access or communicate any patient information electronically, physically, verbally or in writing without prior written approval by management.
  - Disclose any Health System business information or personnel information without prior official approval.

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IMPORTANT!!

- TUHS has the right to review all work activity to ensure that it is appropriate and being conducted in the interests of the Health System.
- TUHS will operate in full compliance with HIPAA.

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