HIPAA UW Medicine Policy Training

I certify that I have received training on the confidentiality of protection health information, specifically the privacy regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

I understand that I must maintain the confidentiality of individual healthcare information and agree to comply with UW Medicine Privacy policies and procedures located at http://depts.washington.edu/comply/privacy.shtml.

Additionally I understand and have reviewed and received a copy of the following summary of selected UW Medicine Privacy Policy and Procedures:

**PP-01 Designation of Health Care Components at the University of Washington.** The University of Washington (UW) is a hybrid entity with both healthcare components and non-healthcare components. UW has designated certain of its healthcare components and related covered entities as one affiliated healthcare entity known as “UW Medicine” for current list, please see: http://depts.washington.edu/comply/docs/PP_01.pdf. Within the entities included, protected health information (PHI) may be shared for treatment, payment and healthcare operations. PHI may not be shared with the non-healthcare components of the UW without patient authorization unless it is for the component to support the treatment, payment or healthcare operations of UW Medicine. Throughout this summary, references to UW Medicine include includes members of UW Medicine’s workforce.

**PP-02 Use of Consents, Authorizations or Other Legal Permission from the Patient during Transition to HIPAA Compliance.** Each UW Medicine entity obtains the individual’s acknowledgement of receipt of the UW Medicine Notice of Privacy Practices or make a good faith effort to obtain an acknowledgment for all services provided after April 14, 2003.

**PP-03 Administrative Requirements of UW Medicine's Privacy Program.** Outlines UW Medicine’s policy for the administrative requirements related to the UW Medicine’s Privacy Program. Administrative requirements include: Safeguards (administrative, technical and physical), Disclosures by Whistleblowers, Mitigation, Retaliatory Acts, Waiver of Rights, Personnel Designations, Revisions to Privacy Policies and Procedures, and Documentation of Privacy Policies and Procedures.

**PP-04 Privacy, Confidentiality, & Information Security Training.** The law requires UW Medicine to train its workforce, including physicians, on the organization’s policies and procedures about PHI. UW Medicine maintains documentation of the training provided to each member of the workforce for six years. HIPAA training must be completed within 30 days of hire and appropriate component and job role training including updates when job responsibilities are impacted because of new or changed policy or procedure within 30 days of the effective date of the change. Each workforce members must sign the Privacy, Confidentiality, and Information Security Agreement upon hire and at each performance evaluation or re-credentialing.

**PP-05 Complaints Related to UW Medicine Privacy Practices.** Patients and their families have the right to file complaints about how UW Medicine and individual healthcare professionals use or disclose their PHI. They may complain to UW Medicine Compliance, or the U.S. Department of Health and Human Services • Office for Civil Rights (OCR). If any person complains to a member of the UW Medicine Workforce about a use or disclosure of PHI, the workforce member must contact UW Medicine Compliance immediately. Workforce members are required to cooperate with all compliance investigations.
UW Medicine will not retaliate, or tolerate retaliation, against anyone who files a good faith complaint.

**PP-06 Corrective Actions for Noncompliance with Privacy and Information Security Policies.** The UW Medicine corrective action policy requires that appropriate corrective actions be applied to workforce members who fail to comply with privacy and information security policies and procedures. Corrective actions will be based upon UW Medicine policies, the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicated a pattern or practice of improper use or disclosure of PHI, and the workforce member’s corrective action record. Corrective actions are documented and retained according to UW records retention schedules.

**PP-07 Use and Disclosure of Protected Health Information to Carry Out Treatment, Payment, and Health Care Operations.** The policy describes how UW Medicine may use and disclose PHI for Treatment, Payment, and Healthcare Operations or as required by law. Workforce members must limit their use & disclosure of PHI to the minimum amount of information necessary to perform their authorized activities or duties.

**PP-08 Use & Disclosure of Protected Health Information Requiring Authorization.** UW Medicine must obtain a valid patient authorization for a disclosure of PHI that is not for treatment, payment or healthcare operations and within UW Medicine or with UW components that support UW Medicine.

UW Medicine may share PHI with any healthcare professional for treatment purposes without an authorization. UW Medicine may share the minimum necessary PHI with non-UW Medicine entities for payment purposes. Questions regarding the sharing of PHI for the healthcare operations of a non-UW Medicine entity should be directed to UW Medicine Compliance. This policy outlines when a patient must sign an authorization for use or disclosure of their PHI, provides the required core elements of an authorization, and describes the patient’s right to revoke an authorization.

**PP-09 Use & Disclosure of Protected Health Information for Marketing Communications.** Healthcare professionals may communicate face-to-face with their patients about health related products or services that UW Medicine provides. Healthcare professionals may also communicate with their patients about alternative treatments, coordination of care, or specialty care. UW Medicine must obtain the patient’s authorization for any use or disclosure of PHI for non-face-to-face marketing unless it is a promotional gift of nominal value.

**PP-10 Use & Disclosure of Protected Health Information for Fundraising.** Regarding fundraising, state law governs because it is more protective of a patient’s privacy. UW Medicine may use or disclose an approved set of patient demographic information and the dates of healthcare services to raise funds for its own benefit.

UW Medicine must obtain an authorization for the use or disclosure of any other PHI for fundraising purposes. Individuals have the right to opt out of fundraising communications.

**PP-11 Verifying the Identity & Authority of Individuals Requesting Access to and Disclosure of Protected Health Information.** UW Medicine has identified staff within UW Medicine who will respond to requests for disclosure of PHI. UW Medicine verifies the identity of all requestors and the requestors’ legal authority for obtaining PHI. UW Medicine documents the requestors’ authority to receive the PHI prior to release of PHI.

**PP-12 Use & Disclosure of Protected Health Information by Business Associates.** UW Medicine may disclose PHI to an entity (“business associate”) that is performing an activity on its behalf when UW Medicine establishes the permitted and required uses and disclosures of PHI and obtains satisfactory assurances that the business associate will safeguard the information. Satisfactory assurances are documented in writing through a business associate agreement. Relationships between healthcare professionals regarding the treatment of a patient do not have the same requirements and are therefore not business associate relationships. Please contact UW Medicine Compliance if you have questions about whether a business associate relationship exists in a specific situation.

**PP-13 Use & Disclosure of Protected Health Information Related to Inpatient Facility Directories & for Disaster Relief Purposes.** Upon admission, patients have the opportunity to decide whether to be included in the hospitals’
inpatient directories. If a patient opts out of the directory, UW Medicine will not include that patient in the directory. If a patient is incapacitated at admission, the healthcare professional should exercise his or her best judgment on whether to list the patient in the facility directory until the patient is able to express an opinion. Hospitals may release the condition and location of patients when a requestor asks for the patient by name. With the permission of the patient, clergy of the same faith may be given directory information without asking for a patient by name. UW Medicine may use or disclose PHI to assist in disaster relief efforts.

**PP-14 Access & Disclosure of Protected Health Information to a Minor or Personal Representatives/Surrogate Decision-Makers.** With exceptions, the personal representative or legally authorized surrogate decision-maker for the patient may sign the acknowledgement for receipt of the UW Medicine Notice of Privacy Practices (Notice) and make decisions concerning UW Medicine’s use and disclosure of the adult or emancipated minor patient’s PHI. In addition, unemancipated minors may under certain circumstances acknowledge receipt of the UW Medicine Notice and make decisions concerning UW Medicine's use and disclosure of their PHI.

**PP-15 Use & Disclosure of Protected Health Information for Involvement in Individual's Care and Notification.** Provided the patient does not object, UW Medicine may use or disclose PHI to relatives or other persons involved in the treatment or care of the patient. If a patient is unable to express his or her wishes, the healthcare professional exercises professional judgment on whether or not to release any PHI. If PHI is disclosed without the opportunity for the patient to object, UW Medicine will let the patient know of the disclosure as soon as possible.

**PP-16 (A-L) Use & Disclosure of Protected Health Information for which an authorization or opportunity to agree or object is not required.** UW Medicine may use or disclose PHI without a patient’s authorization in certain circumstances (e.g. public health activities, health oversight activities, and specialized government functions). UW Medicine may also use or disclose PHI without an patient’s authorization to avert a serious threat to the health or safety of any person, to law enforcement when required to do so by law, or pursuant to legal process. Please contact UW Medicine Compliance for fact-specific questions.

**PP-17 Psychotherapy Notes Management.** Psychotherapy notes maintained by behavioral health professionals are a subset of PHI subject to heightened confidentiality protections. Psychotherapy notes may only be used or disclosed absent the patient’s authorization to conduct UW Medicine training programs, for treatment by the behavioral health professional, to defend against legal action, to protect the health or safety of any person, to a health oversight agency, to a coroner or medical examiner for official duties, or when required by law.

**PP-18 Use & Disclosure of Protected Health Information for Research.** Research involving human subjects (either directly or indirectly through PHI) requires review by an approved Institutional Review Board (IRB). Researchers may use or disclose PHI for research when authorized by the human subject or pursuant to an IRB-approved waiver. Research using University of Washington facilities or patient information, and/or which includes providing healthcare to University of Washington patients, must comply with the UW Medicine Privacy and Information Security Policies. For more information on conducting research, please review the UW Human Subjects Division web page at [http://www.washington.edu/research/hsd/](http://www.washington.edu/research/hsd/).

**PP-19 Protected Health Information, Limited Data Set, and De-Identification of Protected Health Information.** Federal law allows UW Medicine to use or disclose a “limited data set” for research, public health, or healthcare operations. A “limited data set” is PHI that excludes 16 specific identifiers of the patient or of the patient’s relatives, employers or household members. UW Medicine obtains satisfactory assurances through a “data use agreements” from the entity requesting a limited data set prior to allowing the use or disclosure. Limited data sets are still subject to breach notification requirements. If PHI is de-identified through removal of 18 specific identifiers, the data is no longer subject to state or federal privacy laws and regulations.

**PP-20 Minimum Necessary Requirements for Use & Disclosure of Protected Health Information.** When using or disclosing PHI for payment and healthcare operations or when the patient has not authorized the use or disclosure, UW Medicine makes reasonable efforts to ensure that the use, disclosure or request of PHI is limited
to the minimum necessary PHI required to accomplish the intended purpose. This standard does not apply to disclosures for treatment, to the individual, pursuant to patient authorization or when required by law. For use, UW Medicine uses a role-based model to identify appropriate levels of access to PHI. For disclosures made on a routine or recurring basis, UW Medicine departments implement policies and procedures that limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.

**PP-21 Notice of Privacy Practices.** UW Medicine provides all patients (except prisoner patients) a copy of its Notice of Privacy Practices, which outlines a patient’s rights and describes how a patient’s PHI will be used or disclosed. UW Medicine is required to make a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices from each patient treated after April 14, 2003.

**PP-22 Rights to Request Additional Privacy Protection for Protected Health Information.** Individuals treated at UW Medicine facilities have a right to request additional privacy protections, restrictions, and alternative communications regarding their PHI. UW Medicine may not be required to agree to a requested restriction. UW Medicine will not grant restrictions if continuity of patient care would be impeded. If UW Medicine does agree to a restriction, then it will follow the agreed-upon restrictions. All agreed-upon restrictions must be documented in the patient’s designated record set. The designated record set contains a patient’s medical and billing records, and other information used to make decisions about the patient. When a patient pays out of pocket in full for healthcare items or services) prior to the service, the patient has the right to restrict UW Medicine from disclosing the healthcare item(s) or service(s) to their Health Plan.

**PP-23 Individual’s Access to Their Protected Health Information and Designated Record Set.** A patient has the right to access, inspect or request a copy of PHI contained in the UW Medicine designated record set, unless an exemption applies (e.g., psychotherapy notes, information compiled for risk management purposes, etc.). Requests to access, inspect, or photocopy PHI should be referred to the Release of Information Service Area for the entity in which services were provided. UW Medicine workforce members that have electronic clinical access may use this access to review their medical record on-line. UW Medicine workforce members may not use this access to view the records of their family members or friends.

**PP-24 Amendment of Protected Health Information/Designated Record Set.** A patient may ask a healthcare professional to correct or amend his or her healthcare record. Requests must be in writing and state a reason for the requested change. UW Medicine has ten days from receipt of the request to respond in writing. If a healthcare professional receives a request for amendment, he or she must immediately contact UW Medicine Compliance.

**PP-25 Accounting of Disclosures of Protected Health Information.** A patient has the right to request UW Medicine to provide an accounting of all disclosures from the patient’s designated record set, excluding those uses or disclosures for which an accounting is not required (e.g., treatment, payment, or healthcare operations; uses or disclosures made with patient authorization; or uses or disclosures incidental to an authorized use or disclosure). If you receive a request for an accounting, please contact the UW Medicine Compliance.

**PP-26 Definition of the UW Medicine Designated Record Set.** A “designated record set” is a group of records consisting of medical and billing records about individuals, information about health plan enrollment, payment, claims adjudication, and case or medical management record systems, and other information used to make decisions about patients.

**PP-27 Use and Management of Social Security Numbers.** UW Medicine requires that Social Security Numbers (SSNs) may only be requested in certain business operations, such as when required by law or for operational purposes with appropriate notice of its use and that any system that maintains SSN data must have adequate security controls implemented to protect confidentiality and integrity.
PP-28 Faxing Protected Health Information. To protect patient privacy and to decrease the risk of a breach of confidentiality, patient information should only be faxed to fulfill a treatment, payment, or healthcare operations or a specifically authorized request. Fax machines should be safeguarded to reduce the likelihood of inappropriate access to patient information. Requirements for faxing PHI are outlined.

PP-29 Notification of Impermissible Use or Disclosure of PHI. All UW Medicine Workforce members must report breaches of patient information to the IT Services Help Desk or UW Medicine Compliance. This policy outlines the process UW Medicine follows to notify a patient when their unsecured PHI has been inappropriately access or disclosed. The department in which the breach occurs must cooperate with the investigation, assist in remediating identified issues and may be responsible for funding the response and notification of affected patients.

PP-30 Safeguarding Patient Information. UW Medicine requires workforce members to safeguard Patient Information in all forms (including verbal, paper, and electronic), and in all locations. For example: Workforce members must only discuss patient information in the appropriate workplace setting and only with those who have a need-to-know and the authority to receive the information. Workforce members must keep paper-based patient information out of view of patients, visitors, and workforce members who are not involved in the patient’s care, and dispose of it in a secure and confidential manner. Patient information taken off site must be kept fully secured, remain in the workforce member’s physical possession during transit, never left unattended and never left in any mode of transport (even if it is locked).

PP-31 Identity Theft Prevention. The University of Washington is subject to federal Identity Theft Rules which imposes specific duties regarding the detection, prevention, and mitigation of identity theft on creditors, including non-profit organizations and government entities that maintain covered accounts, including the requirement to develop and implement a written Identity Theft Prevention Program. UW Medicine Workforce members who become aware of red flags, or discover other indications of potential identity theft will immediately report the information to their manager. Managers will then report to UW Medicine Compliance.

PP-32 Patient Audio/Video Recordings, Photographs, and Digital Images: Security, Use, and Disclosure. UW Medicine workforce members are responsible for ensuring the security of PHI including the use of photography, video/audio recordings, digital imaging, etc., in the clinical setting is often necessary for patient care, research, and education. Whenever possible, UW Medicine equipment is to be used to create patient images or recordings.

If I have any questions or would like to know more about these policies and procedures, I can contact UW Medicine Compliance or view the materials at http://depts.washington.edu/comply/privacy.shtml

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HIPAA UW Valley Medical Center Policy Training

Signature Page

I certify that I have reviewed the above material on the confidentiality of protected health information, specifically the privacy regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

The signature page for the HIPPA UW-VMC Policy Training is to be removed from the document and turned into your manager.

Date: ____________________________________________________

Printed Name: _____________________________________________

Job Title: _________________________________________________

Signature: ________________________________________________

Name of Manager: __________________________________________