

# DHS Privacy Training

**HIPAA:  
It's the Right Thing to Do**

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## DHS Privacy Training

### Privacy Rules & Regulations

- H**Health
- I**nsurance
- P**ortability &
- A**ccountability
- A**ct



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## DHS Privacy Training

### Privacy Rules & Regulations

**HIPAA Privacy Rules protect  
you & your clients/patients**

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## DHS Privacy Training

### Privacy Rules & Regulations

#### HIPAA will change...

- How you work
- How you use & share information
- Forms
- Work site

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## DHS Privacy Training

### Privacy Rules & Regulations

#### HIPAA will change...

- How you work
- **How you use & share information**
- Forms
- Work site

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## DHS Privacy Training

### Training will provide overview of...

- HIPAA & new DHS privacy requirements
- Definitions of terms



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## DHS Privacy Training

### Definitions

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## DHS Privacy Training

### Definitions

#### *"Portability"*

Making information easier to transfer to health care providers

HIPAA applies to all formats:

- Electronic
- Written
- Spoken

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## DHS Privacy Training

### Definitions



#### *"Accountability"*

Responsibility for keeping information private

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## DHS Privacy Training

### Definitions

**“PHI”**  
**Protected Health Information**

**Includes information about:**

- Physical & mental health
- Treatment
- Payments
  - > Insurance claims
  - > Billing

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## DHS Privacy Training

### Definitions

**“PHI”**  
**Protected Health Information**

**HIPAA protects “PHI”**



**DHS protects *all* confidential client/patient information**

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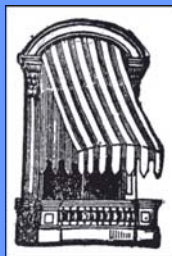
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## DHS Privacy Training

### Definitions



**“Covered Entities”**

**People & organizations that must comply with HIPAA**

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## DHS Privacy Training

### Summary

**Use your best judgment**

**Remember that HIPAA is not about...**

- Refusing to share information, or
- Whether to work together

***...it's about privacy protection***

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## DHS Privacy Training

### Summary

**DHS Policies & Procedures**

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## DHS Privacy Training

### Summary

**DHS Policies & Procedures**

1. General Privacy
2. Client/Patient Privacy Rights
3. Uses & Disclosures
4. Minimum Necessary
5. Administrative, Technical & Physical Safeguards
6. Research & Waivers
7. De-Identification
8. Business Associates
9. Enforcement, Sanctions & Compliance

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## General Privacy

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## General Privacy

### As a DHS employee, you...

- Have access to information that must be safeguarded
- Must understand:
  - > How to use information
  - > When to use it
  - > When *not* to use it
- Must sign a "Privacy Program Statement of Understanding," DHS Form 2091.

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## General Privacy

HIPAA Privacy Rules cover PHI

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## General Privacy

### HIPAA Privacy Rules cover PHI

- See DHS

*"Notice of Privacy Practices"*

*DHS Privacy Rules  
cover all information*

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## General Privacy

### DHS keeps information about:

- DHS Clients/Patients
- Participants
- Licensees & Providers

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## General Privacy

### DHS Clients/Patients

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## General Privacy

### DHS Clients/Patients

- DHS Services
- Guardianships
- Outpatient
- Community Programs

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## General Privacy

### DHS Clients/Patients

**All client  
and patient  
information  
is  
confidential**

#### *When can you use & disclose information?*

- With authorization of client/patient or personal/legal rep
- If permitted by DHS "Uses & Disclosures" policy

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## General Privacy

### DHS Clients/Patients

Provide, use & disclose... minimum necessary

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## General Privacy

### DHS Clients/Patients

#### *"DHS Notice of Privacy Practices"*

- Provide to all clients, patients & applicants
- Describes client/patient rights re: use & disclosure

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## General Privacy

### Participants

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## General Privacy

### Participants

Must take "reasonable steps" to safeguard information

*Is information "individually identifiable"?*

*If yes, it's subject to...*

- Federal & state restrictions
- DHS policies

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## General Privacy

### Licensees & Providers

#### Need to safeguard...

- Confidential information
- Information on client/patient payment responsibility
- Client/patient information obtained during oversight activities

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## General Privacy

### When DHS policies conflict with laws, regulations or court orders...

- Follow the stricter standard
- Consult supervisor

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## Client/Patient Privacy Rights

### Clients/Patients *can* access...

- Their own information
  - Information DHS used to make decisions
- Such as:*
- Drug test results

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## Client/Patient Privacy Rights

### Clients/Patients *cannot* access...

- Psychotherapy notes



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## Client/Patient Privacy Rights

### Clients/Patients *cannot* access...

- Psychotherapy notes
- Information used in civil, criminal or administrative proceedings



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## Client/Patient Privacy Rights

### Denial of Access

#### DHS can deny access if...

- May result in risk or harm

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Client/Patient Privacy Rights

**Denial of Access**

Does DHS have to let client/patient review denial?

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Client/Patient Privacy Rights

**Denial of Access**

Does DHS have to let client/patient review denial?

- NO, if...**
- Information obtained under confidentiality promise
  - Must be someone other than health care provider

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Client/Patient Privacy Rights

**Denial of Access**

Does DHS have to let client/patient review denial?

- YES, if...**
- Information may endanger life or safety

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Client/Patient Privacy Rights

**Alternatives**

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Client/Patient Privacy Rights

**Alternatives**

Can request DHS to send information:

- By alternative means
- To alternative location

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Client/Patient Privacy Rights

**Alternatives**

Can request DHS to send information:

- By alternative means
- To alternative location

*So it won't be seen by*

- Family members
- Abuser

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Client/Patient Privacy Rights

**Alternatives**

Requests for alternatives...

- Must specify how or where to receive information



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Client/Patient Privacy Rights

**Accounting of Disclosures**

*Who received information & PHI from DHS?*

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Client/Patient Privacy Rights

**Accounting of Disclosures**

Lists disclosures for last 6 years

*Will not include requests:*

- Made before April 14, 2003
- Authorized by client/patient
- Made for treatment, payment & health care operations

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Client/Patient Privacy Rights

**Accounting of Disclosures**

DHS can suspend right to receive accounting...



*If it impedes work of health oversight agencies or law enforcement*

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Client/Patient Privacy Rights

**Restrictions**

Clients/patients *can* request disclosure restrictions on information that is:

- Required for treatment, payment, or health care operations
- Disclosed to person involved in care

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Client/Patient Privacy Rights

**Restrictions**

*DHS can limit or deny restriction*

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## Client/Patient Privacy Rights

### Restrictions

DHS *cannot* agree to restrict disclosure if it would:

- Adversely affect care
- Limit or prevent payment for services

**Or if:**

- Client/patient needs emergency treatment

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## Client/Patient Privacy Rights

### Restrictions

*Information is confidential under state law if it concerns:*

- Mental health treatment
- STDs
- Alcohol and Drug treatment



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## Client/Patient Privacy Rights

### Restrictions

**Must document:**

- All requests for restriction
- Reasons for denying or granting requests

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Client/Patient Privacy Rights

**Amendments**

Clients/patients can request amendment if information is not:

- Accurate
- Timely
- Relevant
- Complete

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Client/Patient Privacy Rights

**Amendments**

**Clients/patients must:**

- Provide reason

**DHS must:**

- Honor valid requests

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Client/Patient Privacy Rights

**Amendments**

*DHS  
can  
deny requests*

**For example:**

- If information is accurate & complete

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Client/Patient Privacy Rights

**Complaints**

*Clients/patients can file complaints about:*

- Improper use & disclosure
- DHS privacy policies
- DHS compliance with policies

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Client/Patient Privacy Rights

**Complaints**

*DHS must provide information on how to file complaints*

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Client/Patient Privacy Rights

**Complaints**

Cannot retaliate against complainant

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## Client/Patient Privacy Rights

### Complaints

Cannot retaliate against complainant

Cannot require client/patient to relinquish rights as condition for:

- Treatment
- Payment
- Enrollment
- Eligibility

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## Client/Patient Privacy Rights

### Complaints

*All complaints & actions must be documented*

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## Uses & Disclosures

Generally need signed authorization to release information

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## Uses & Disclosures

Authorizations are generally voluntary

Cannot make authorization a condition of

- Treatment
- Payment
- Enrollment in health plan
- Eligibility for benefits

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## Uses & Disclosures

Authorizations are generally voluntary

Cannot make authorization a condition of

- Treatment
- Payment
- Enrollment in health plan
- Eligibility for benefits

### Unless

- Providing research-related treatment
- Determining eligibility
- Preparing PHI solely for disclosure

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## Uses & Disclosures

How do you get client/patient authorization?

- Authorization Form
- Must be completed jointly
- Cannot combine voluntary & required authorizations

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## Uses & Disclosures

### When is authorization...

#### Required?

- Disclosure from banks for financial qualification
- If not disclosed, client/patient is not eligible

#### Voluntary?

- Exchange of information with therapist
- If not disclosed, client/patient is still eligible

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## Uses & Disclosures

### A valid authorization form includes:

- Required elements

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## Uses & Disclosures

### Once form is signed...

- Keep signed copy

### Before disclosing information...

- Verify identity
- Make sure person has authority



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## Uses & Disclosures

### Verbal Authorization

Use for disclosure to "previously named" person

Document oral communication in client/patient's case file

- Inform client/patient in advance
- Client/patient must agree, object, or restrict disclosure

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## Uses & Disclosures

### Limited Disclosures without Authorization

1. Individual requests PHI

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## Uses & Disclosures

### Limited Disclosures without Authorization

1. Individual requests PHI

**Cannot include:**

- Psychotherapy notes
- Information that could cause harm
- Documents protected by attorney privilege

...among other information

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## Uses & Disclosures

### Limited Disclosures without Authorization

2. Information for payment, treatment & health care operations

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## Uses & Disclosures

### Limited Disclosures without Authorization

3. Psychotherapy notes for limited purposes
  - To provide treatment
  - To train mental health practitioners
  - For health oversight activities
  - To defend DHS in legal action

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## Uses & Disclosures

### Limited Disclosures without Authorization

4. Adult abuse or neglect

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 4. Adult abuse or neglect

**Can disclose PHI if:**

- Serious harm may result without it
- Required by law
- Person agrees to disclosure

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 4. Adult abuse or neglect

**Can disclose PHI if:**

- Serious harm may result without it
- Required by law
- Person agrees to disclosure

**What if victim is incapacitated?**

**Can disclose to public official**

*if:*

- Information won't be used against victim
- Waiting would affect law enforcement

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 5. Health oversight



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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 5. Health oversight

**Can make disclosures to:**

- Government agencies & benefit programs
- Entities seeking compliance information



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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 6. Judicial & administrative proceedings

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 6. Judicial & administrative proceedings

- Provide only PHI specified in the Court Order
- Requires subpoena, discovery request, other legal process
- Recipient must make reasonable attempts to notify individual or secure protective order

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 6. Judicial & administrative proceedings

##### Exception:

- Special court order required for PHI about:
  - Alcohol or drug treatment client/patient

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 7. Law enforcement



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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 7. Law enforcement

- Can report wounds & injuries
- Can disclose PHI to comply with legal orders
- Can disclose to help identify or locate someone



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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 7. Law enforcement



**Cannot disclose PHI related to:**

- DNA or DNA analysis
- Dental records
- Bodily fluids or tissues

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 7. Law enforcement

**Crime victims must agree to disclosure orally or in writing**

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 7. Law enforcement

**In cases of incapacitation or emergency, you can disclose PHI if:**

- Someone other than victim broke the law
- Information will not be used against victim
- Law enforcement cannot wait
- DHS determines it is in the person's best interests

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 8. Specialized government functions

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 8. Specialized government functions

*Can disclose to:*

- Military command authorities re: Armed Forces personnel
- Federal officials engaged in national security activities

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 9. Correctional institution & law enforcement officials

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 9. Correctional institution & law enforcement officials

- To provide inmate health care
- To protect health & safety of inmates

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## Uses & Disclosures

### Limited Disclosures without Authorization

#### 10. For DHS internal communications

*Disclose  
"minimum necessary"  
only*

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## Uses & Disclosures

### Limited Disclosures without Authorization

11. Coroners & medical examiners
12. Funeral directors
13. Organ procurement organizations
14. Research purposes
15. To avert serious threat to health or safety
16. In case of emergency

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## Uses & Disclosures

### Re-Disclosure

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## Uses & Disclosures

### Re-Disclosure

Recipient may disclose PHI to third party

*Once PHI leaves DHS,  
it's no longer protected by DHS  
policy*

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## Uses & Disclosures

### Re-Disclosure

Recipient may disclose PHI to third party

**Laws prohibit re-disclosure about:**

- HIV/AIDS
- Genetics
- Mental health or developmentally disabled clients/patients
- Alcohol & drug treatment
- Vocational rehabilitation

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## Uses & Disclosures

### Revocation

#### Written authorizations can be revoked

- Must be in writing
- Must be signed

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## Uses & Disclosures

### Revocation

#### Written authorizations can be revoked

**Exception:**

- Drug & alcohol treatment clients/patients can give oral revocation unless court ordered to treatment
- Revocation cannot apply to information already released

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## Minimum Necessary



Disclose & use least amount of information needed to accomplish purpose

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## Minimum Necessary



Disclose & use least amount of information needed to accomplish purpose

- Make reasonable effort to limit disclosures & requests...
- ...while having enough information to do your job

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## Minimum Necessary

### Disclosing Information

Disclosure is "minimum necessary" *if*:

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## Minimum Necessary

### Disclosing Information

Disclosure is "minimum necessary" *if*:

- Authorized public official requests "minimum necessary" & has client/patient permission
- Requester is "covered entity" under HIPAA
- DHS employee or business associate uses information for DHS purposes & requests "minimum necessary"
- For qualified research purposes

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Minimum Necessary

Disclosing Information

Cannot disclose entire record unless justified

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Minimum Necessary

Disclosing Information

Refer to  
"Uses & Disclosures" for disclosure guidelines

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Minimum Necessary

Disclosing Information

Routine & Recurring

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## Minimum Necessary

### Disclosing Information

#### Routine & Recurring

**DHS will identify:**

- What type of information to disclose
- Who can receive it
- Conditions of access

**Decisions  
apply to all  
subsequent  
disclosures**

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## Minimum Necessary

### Disclosing Information



Can access & use  
information to do  
your job **only** while  
at work

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## Minimum Necessary

### Disclosing Information

Not Routine

**Not compatible  
with original  
purpose.**

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## Minimum Necessary

### Disclosing Information

Is disclosure routine or not?

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## Minimum Necessary

### Disclosing Information

*Is disclosure routine or not?*

- Who is requesting information?
- Purpose of request?
- **Handle non-routine disclosures on case-by-case basis**
- Limit disclosures to "minimum necessary"

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## Minimum Necessary

### Disclosing Information

**Non-routine disclosures are *not* common**

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## Minimum Necessary

### Disclosing Information

***If disclosure is routine:***

- Make sure DHS policies & rules permit requested use
- Identify what kind of information is needed
- Identify how much information is needed

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## Minimum Necessary

### Accessing & Using Information

How do you know if it's "minimum necessary"?

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## Minimum Necessary

### Accessing & Using Information

***How do you know if it's "minimum necessary"?***

- Depends on job
- Is information needed to answer questions?

***If uncertain, check with:***

- Supervisor or HIPAA Privacy contact

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## Minimum Necessary

### Accessing & Using Information

*Do not request entire record without justification*

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## Minimum Necessary

### Accessing & Using Information

*Do not request entire record without justification*

*For routine & recurring requests:*

- Limit information requested to "minimum necessary"

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## Minimum Necessary

### Accessing & Using Information

*Do not request entire record without justification*

*For non-routine requests:*

- Limit information requested to "minimum necessary"
- Handle on case-by-case basis
- Document request & disclosure

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## Minimum Necessary

**Does not apply to requests & disclosures:**

- To health care providers involved in client/patient's treatment
- To Secretary of Health & Human Services
- To client/patient
- Authorized by client/patient
- Required by law
- Required by HIPAA for electronic transactions



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Administrative, Technical & Physical Safeguards

**Must take reasonable steps to safeguard information against privacy violations**

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Administrative, Technical & Physical Safeguards

**Must take reasonable steps to safeguard information against privacy violations**

*Whether violation is...*

- Intentional or unintentional
- On paper, electronic, oral or visual

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Administrative, Technical & Physical Safeguards

**“Reasonable safeguards”**

**Cannot guarantee privacy from  
“any & all potential risks”**

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Administrative, Technical & Physical Safeguards

**“Reasonable safeguards”**

**Cannot guarantee privacy  
from  
“any & all potential  
risks”**

**Must take workplace  
circumstances into  
account, *including*:**

- Effects on care
- Expense
- Administrative burden

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Administrative, Technical & Physical Safeguards

**“Safeguards Assessment Tool”**

*“Safeguards Assessment Tool” will help you:*

- Assess security of PHI
- Improve privacy protection

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Administrative, Technical & Physical Safeguards

**“Safeguards Assessment Tool”**

*“Safeguards Assessment Tool” will help you:*

- Assess security of PHI
- Improve privacy protection

Administrators or Directors will determine  
“reasonable safeguards”  
for each office or facility

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Administrative, Technical & Physical Safeguards

***Employees can help each other***

*Help each other by:*

- Pointing out potential problems

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Administrative, Technical & Physical Safeguards

**Workplace Practices**

Confidential information

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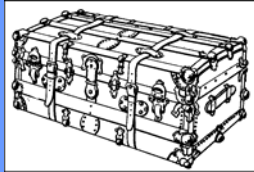
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### Workplace Practices

#### Confidential information

- **Paper**
  - Must be in locked storage...
  - ...or otherwise safeguarded by "reasonable efforts"



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### Workplace Practices

#### Confidential information

- **Paper**
  - Must be in locked storage...
  - ...or otherwise safeguarded by "reasonable efforts"

#### Before disposal...

- Retain records for required time
- Store in containers labeled "confidential"
- Secure after business hours

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### Workplace Practices

#### Confidential information

- **Paper**

If no lockable storage is available, use reasonable procedures to minimize access

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## Workplace Practices

### Confidential information

- Paper
  - Shred on regular basis

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## Workplace Practices

### Confidential information

- Oral
  - Make sure you're not overheard
  - Use designated rooms

*OR...*

  - Use "reasonable safeguards"



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## Workplace Practices

What are "reasonable safeguards"?

### Confidential information

- Oral

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## Workplace Practices

What are  
"reasonable  
safeguards"?

*In part...*

Depends on location  
of conversation

### Confidential information

- **Oral**
  - Low-risk locations (enclosed rooms)
  - Medium-risk locations (individual cubicles)
  - High-risk locations (public areas)

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## Workplace Practices

### Confidential information

- **Visual**



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## Workplace Practices

### Confidential information

- **Visual**
  - Computer screens
  - Paper documents on faxes, copiers & printers
  - Paper documents left in common areas



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## Workplace Practices

### Confidential information

- **Visual**

- Computer screens
- Paper documents on faxes, copiers & printers
- Paper documents left in common areas

**Safeguard  
paper  
documents**

**Use “minimum  
necessary”**

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## Research & Waivers

### *What is research?*



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## Research & Waivers

### *What is research?*

- Contributes to knowledge of population as a whole
- Based on sample
- Includes development, testing & evaluation



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## Research & Waivers

### *When can you disclose information?*

- With client/patient's written authorization
- Without client/patient's written authorization
  - > Requires waiver approved by:
    - Institutional Review Board (IRB)
    - DHS Privacy Board

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## Research & Waivers

### Disclosure Without Authorization or Waiver

#### Requests for PHI before research begins

- Does research fall under HIPAA exceptions?

OR

- Do other laws permit disclosure?

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## Research & Waivers

### Disclosure Without Authorization or Waiver

#### Requests for PHI before research begins

Researcher must agree to certain conditions  
*in writing*

In case of doubt,  
request review & waiver

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## Research & Waivers

Disclosure Without Authorization or Waiver

Requests for PHI about deceased

- Does research fall under HIPAA exceptions?

OR

- Do other laws permit disclosure?

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## Research & Waivers

Disclosure Without Authorization or Waiver

Requests for PHI about deceased

Check  
policies or  
ask  
HIPAA  
Privacy  
Contact

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## Research & Waivers

Disclosure Without Authorization or Waiver

Requests for PHI about deceased

- Disclosure may be inappropriate

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## Research & Waivers

Disclosure Without Authorization or Waiver

Requests for PHI about deceased

In case of doubt,  
request  
review & waiver

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## De-Identification

### De-identified information...

- Does not specifically identify people
- Doesn't need privacy protection
- Can be used by anybody for any purpose

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## De-Identification

How do you know if information is properly de-identified?



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## De-Identification

How do you know if information is properly de-identified?

1. Statistician (or other professional) de-identifies information

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## De-Identification

How do you know if information is properly de-identified?

2. *DHS removes identifiers for individual, relatives, employers & household members:*

- A. Names
- B. Geographic information (smaller than state)
- C. All specific dates except year
- D. Telephone numbers

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## De-Identification

How do you know if information is properly de-identified?

2. *DHS removes identifiers for individual, relatives, employers & household members:*

- E. Social Security numbers
- F. Medical record numbers
- G. Health plan beneficiary numbers
- H. Unique characteristic, number or code

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## De-Identification

How do you know if information is properly de-identified?

***If individual cannot be identified based on information:***

- Provided, or
- Combined with other information

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## De-Identification

### Limited Data Sets

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## De-Identification

### Limited Data Sets

- Do not contain direct identifiers
- Can contain “potentially identifying” information

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## De-Identification

### Limited Data Sets

Can be used...

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## De-Identification

### Limited Data Sets

Can be used...

1. By DHS (for its own work)
2. For research & non-governmental public health purposes
  - Requires data use agreement

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## De-Identification

- DHS is *not* obligated to disclose information
- Other disclosure policies may apply

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## De-Identification

### Re-Identifying Information

- Enables you to check original records
- Re-identification process done at DHS
- Process cannot be disclosed



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## Business Associates

New category of  
business  
relationship

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## Business Associates are...

- **Not** DHS employees
- **Contractors or business partners**
- **Work on behalf of DHS**
- **Require disclosure of PHI**

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## DHS Business Associates

### Examples:

- Food management
- Psychiatric services
- Computer services
- Legal services
- Medical services
- Financial services

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## Summary

### A Business Associate

- Provides specific services...
- on behalf of DHS...
- that require use or disclosure of PHI.

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## Business Associates

### Must have

- Legal contract, or
- Memorandum of Understanding

### Must require

- Safeguards

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# Business Associates *Not*

## Government Agency?

- Provides specific services...
- **on behalf of DHS...**
- that require use or disclosure of PHI.



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## Can You Disclose PHI to Government Agencies?

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## Can You Disclose PHI to Government Agencies?

### *Only if they are involved in:*

- Paying for health care services
- Providing health care services
- Processing claims

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## Business Associates *Not*

*Government Agency?*

DHS  
should have  
Memorandum of  
Understanding  
with  
government  
agencies



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## Summary

***A Business Associate requires***

- Contract or
- Memorandum of Understanding

**...to establish good-faith assurance  
of privacy**

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*Not*

## Business Associates

**NO Business Associate relationship needed  
when:**

- Client/patient authorizes PHI release
- DHS does not need to release PHI
- Client/patient cannot be identified

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**Summary**

**Before you execute a Business Associate contract...**

- Is entity doing business on behalf of DHS?
- Will PHI be exchanged?
- Is entity an "exception"?

**If you don't need it, don't do it !**

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**Enforcement, Sanctions & Penalties**

**Employees have to:**

- Safeguard PHI
- Know responsibilities under DHS policies

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**Enforcement, Sanctions & Penalties**

**What happens if you violate policies?**

**Subject to penalties & disciplinary action?**

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Enforcement, Sanctions & Penalties

What happens if you violate policies?

Subject to penalties & disciplinary action?

- You can lose your job
- Did you knowingly & willfully violate law?  
If so, subject to:
  - Criminal investigation & prosecution
  - Civil penalties



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Enforcement, Sanctions & Penalties

What happens if you violate policies?

Subject to penalties & disciplinary action?

- You can lose your job
- Did you knowingly & willfully violate law?  
If so, subject to:
  - Criminal investigation & prosecution
  - Civil penalties

**DHS can be held responsible**

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Enforcement, Sanctions & Penalties

Retaliation is prohibited

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Enforcement, Sanctions & Penalties

**Retaliation is prohibited**

*Cannot retaliate in any way against someone who:*

- Files a complaint
- Testifies or participates in an investigation
- Opposes practice they believe is unlawful

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Enforcement, Sanctions & Penalties

**Retaliation is prohibited**

*Cannot retaliate in any way against someone who:*

- Files a complaint
- Testifies or participates in an investigation
- Opposes practice they believe is unlawful

**Penalties include disciplinary & legal actions**

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Enforcement, Sanctions & Penalties

**Whistle Blowers & Workforce Crime Victims**

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Enforcement, Sanctions & Penalties

Whistle Blowers



*A Whistle Blower discloses:*

- Evidence of DHS violations of law
- On behalf of public interest

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Enforcement, Sanctions & Penalties

Workforce Crime Victims

*A Workforce Crime Victim:*

- Victim of criminal act while on the job
- Can disclose suspect's information to law enforcement officer

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Enforcement, Sanctions & Penalties

Workforce Crime Victims

*Must limit information to:*

- Suspect's name & address
- Date & place of birth
- Social Security number
- ABO blood type & RH factor
- Type of injury received
- Date & time of treatment
- Date & time of suspect's death



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