HIPAA 101

Student Training



What is HIPAA?



"No, it's not a female Hippopotamus. Anyone else know?" Cartoon by Dave Harbaugh



HIPAA in a nutshell

A <u>covered entity</u> (Ochsner) may not use or disclose <u>protected health information</u>, except as permitted or required.

Protected Health Information (PHI) is anything you see or hear about a specific patient, for example:

PHI Examples

- Name and Medical Record Number
- Address and Phone Number
- Social Security Number
- Phone Number
- Date of Service



Compliance is **Everyone's** Job

Who is responsible for the privacy and security of Protected Health Information at Ochsner?

- All Employees
- All Physicians
- All Students
- All Volunteers
- All Part-time and Temporary Workers
- All 3rd Party Personnel
- All those who have been given access to Ochsner information or systems



As a Student at Ochsner, How Can You Keep Patient Information Safe?

As a student at Ochsner, you may have access to confidential medical information. You are expected to protect this information from anyone who does not need to know it.

- Respect the privacy of Ochsner's patients
- Do NOT discuss information about Ochsner's patients with anyone
- Do NOT remove documents containing patient information from the premises
- Do NOT use your Smartphone to take pictures of patients.
- Patient information should NOT be posted to social media sites.
- Patient information should NOT be sent via text messaging.



Student Guidelines for the Access and Use of Patient Health Information

- Access only the information of patients for whom you are journaling
- Use only the minimum necessary de-identified information needed to complete your journal
- Do <u>not</u> share or discuss any patient health information with other students at their school, friends or family members
- Do <u>not</u> photocopy patient health information



Student Guidelines for the Access and Use of Patient Health Information

- Do <u>not</u> record patient information on class assignments including but not limited to:
 - Name or Medical Record Number
 - Date of Birth
 - Address
 - Phone Number
 - Social Security Number
- If you have questions about the access or use of patient information, contact your Educator/Program Coordinator



What Do You Do if You Know or Suspect a Privacy Violation?

You must report any know or suspected violations of patient privacy or security as well as any other concerns to:

- Your Educator/Program Coordinator
- Your Chaperone
- Compliance and Privacy Department at 504-842-9323
- Ochsner's Anonymous Compliance Line or Web Reporting



Scenario 1

You are volunteering at the hospital and you see your best friend's mom leaving a clinic.

- Is it okay to say hello?
 - Yes! Be friendly, but don't discuss her medical care.
- Is it okay to tell your friend that you saw her mom?
 - No! Your friend's mom may not have told her family that she had an appointment. This would be a violation of her privacy.
- Is it okay to tell your parents that you saw your friend's mom?
 - No! Like any other patient, your friend's mom has a right to privacy when seeking health care and you should not tell anyone, even your family, that you saw someone at Ochsner, even if you know them.



Scenario 2

You find some unattended paperwork in the hallway with patient information on it. What should you do with it? Should you leave it where you found it?

- No! If there is patient information on the paper, return it to the place where it came from, if you can find out.
 - If you can't determine where the paperwork came from, dispose of it in a shred bin, not a regular trash can. If you need to find a shred bin, ask an employee who will be able to find you one.



Scenario 3

Kelly, a second year resident, see the famous actress Holly Woods at the coffee stand at Ochsner. Kelly really wants to take a picture and post it on Instagram and Snapchat this celeb sighting. #workingwiththestars

— Can Kelly take to take a selfie with Holly Woods?

No. This could be a potential HIPAA violation especially if the patient does not consent to the photograph. Additionally, this is a violation of the Ochsner cell phone and social media policy.



Reminders

- 1. Protected Health Information (PHI) is anything you see or hear about the health of a specific patient.
- 2. You must be protect the privacy of patient health information.
- 3. It is your duty to report anything that goes against Ochsner policies and procedures.
- 4. Read, sign and return the "Student Confidentiality Statement" form to document your HIPAA training.



HIPAA HINTS

- P Passwords and usernames should never be shared
- A Access the minimum PHI necessary to complete your work
- T Talk in lower voices when having conversations in non-private areas
- I If leaving a voicemail, keep it brief and do not discuss
 PHI
- E Emails from unknown senders with unrecognized attachments should never be opened
- N Never leave your workstation unsecured
- T Think before you share PHI verbally



Compliance Resources

The Compliance & Privacy SharePoint site gives you easy access to information about:

- HIPAA
- Policies
- Standards of Conduct
- Education Resources
- Contact Information, including the Compliance Line

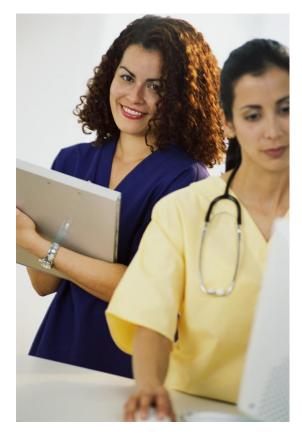






HIPAA for Students – Quick Review

For Ochsner Clinic Foundation (OCF)



Know Your Responsibilities for the Privacy and Security of Patient Health Information As a student at Ochsner, you may have access to confidential medical information.

It is your responsibility to comply with federal and state laws which protect the privacy and security of this information.

Student Guidelines for the Access and Use of Patient Health Information:

- Students may access only the information of patients for whom they are journaling.
- Students may use only the minimum necessary de-identified information needed to complete their journal.
- Students may <u>not</u> share or discuss any patient health information with other students at their school, friends or family members.
- Students may <u>not</u> photocopy patient health information.
- Students may <u>not</u> record patient information on class assignments including but not limited to:
 - Name
 - Date of Birth
 - Address
 - Phone Number
 - Social Security Number

If you have questions regarding the access and use of patient health information, contact your Mentor/Program Coordinator.

HIPAA Acknowledgement

My signature below acknowledges that I have read and understand:

- 1. HIPAA 101 Student Training
- 2. HIPAA for Students Quick Review

My signature below acknowledges that I understand:

- There are civil and criminal penalties for the unauthorized access and/or use of confidential patient information.
- The requirements listed under Ochsner's Student Guidelines.

Student Signature
Print Student Name
Thin Student Name
-
Date
Parent / Guardian Signature (if under 18)
,
Print Parent/ Guardian Name
Thirt alent Guardian Name
Name of Affiliated School

Copy this form for your own records before returning to Ochsner.

Note to OCF Mentor/Program Coordinator: Maintain the original signed brochure within your department.

Ochsner Clinic Foundation - Health Career Exploration

Parent/Guardian Agreement

Your child, has been selected to participate in one or more education and career exploration days ("Program" or "Programs") at Ochsner Clinic Foundation and its Affiliates (together "Ochsner").

Home Phone	Work Phone		Cell Phone	
Parent/Guardian Signature		Date		
In the event of an injury requiring my son/daughter. If the injury war my specific authorization before a medical treatment to be given. In (including medical staff) to take a physician, to administer treatment that a student must leave the prinstructor in charge, etc., we agree other incidental expenses.	rants further medical attention is taken. If efforts addition, I hereby give my child to the appropriation accident or serious ogram for reasons of h	ention, I expect every to contact me are un my permission to the ate medical departme is illness occurs on the ealth, accident, failu	effort will be ma successful, I gra e supervising ins ent for treatment e trip and I can re to conform	ade to contact me to receive int permission for necessary structor (s) or Ochsner staff within the hospital or, if a not be reached. In the event to rules established by the
Release. In consideration of my Foundation ("Ochsner"), its subsiliability for any injury or damage connected therewith, whether fore subsidiaries, officers, employees, the child, his/her family, estate, he	diaries, Affiliates, success which may occur as a re- eseen or unforeseen; and directors and agents from	ssors, officers, directed sult of the child's paragree to saven any claim by the paragree in t	ors, employees a rticipation in the e and hold harm parent/guardian i	and agents from any and all e Program including all risk aless Ochsner, its Affiliates, individually or on behalf of
I agree to support my child in part and/or videotaped while participatin Center (together "Ochsner") for use authorizes the use of my child's r commercials, print ads, brochures, w	ng in any Program by Oc by Ochsner in all public name with said photos, fi	hsner Clinic Foundati relations activities, inci ilm, print or tape in	on and all its aff cluding use by or	filiates and Elmwood Fitness r for news media, and further
selected to participate in educat permission for my child to particip	_	ion Programs at Oc	hsner Clinic Fo	oundation and hereby give
I,Print Parent/Guardian Name	, understand that	my child,	Print Student's Na	, has been
In order to confirm your child's phereto. If you have any questions,				ent and the waiver attached
Student Gender: Female				
Race (check all that apply): □Am □Hawaiian or Pac			□Black or Afri □Other	
Ethnicity (check all that apply):	□Hispanic or Latino	□Non-Hispanic or	Latino Ra	ather not specify
Date of Birth (MM/DD/YY):	1 1		Ť	
Demographic information . I am characterizing the population serve does not affect my child's ability to	ed by their educational Pr	rograms. I understand	that failing to p	provide this information
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