

**Elite Care Management
HIPAA In-Service
January 2017**

New HIPAA/HITECH- Security regulations are effective September 23, 2013 and require increased security of Protected Health Information (PHI).

Risk Analysis- The Agency is reviewing operations and procedures to identify area of risk related to the accidental disclosure or loss of PHI.

Please review your duties/procedures and inform your supervisor of any potential problems or risk areas now and anytime you become aware of a risk of loss/accidental/intentional exposure of PHI.

Minimum Necessary- Each employee/subcontractor should be allowed access to the minimum amount of information necessary to complete their job duties. Please only communicate necessary patient PHI to other caregiver's, family members, etc.

Authorizations to disclose information- Updated HIPAA forms available to use to obtain patients' permission to disclose PHI. Use if medical records are requested by lawyers, etc. or referrals are made to non-health care entities for patient. Authorization is not required for abuse/neglect reporting.

Right restrict disclosure to insurance companies of services paid for privately- This is identified on the Notice of Privacy Practices and if a patient requests this information to be restricted the Company must comply.

Patients/Clients have the right to request PHI not be disclosed to family members or they can make requests, the Company needs to evaluate if they can honor a request prior to agreeing to the request. There is a new HIPAA manual that provides information, policy guidance, and forms to comply with HIPAA regulations and our obligation related to patient's rights.

Breach requirements- Any employee or subcontractor that becomes aware of a data breach must inform their Supervisor of the breach/loss of data immediately. Loss of an electronic device, documents, or bag stolen or loss from your car, home computer (if PHI stored in emails or on your hard drive) lost, stolen, or hacked, etc. Improperly disposed of PHI can also be a breach-shredding required.

1. Providers now will have to notify patients of a breach (unauthorized release of PHI) unless there is a risk assessment that shows that there is a low probability that the protected health information (PHI) has been compromised. Heavy burden of proof on agency.

2. Breaches involving over 500 patients/individuals must be reported to the OCR.

Fines- Office of Civil Rights (OCR) can levy significant fines for a data breach.

Electronic devices/smartphones-security/loss- Staff should use password protection on their phones and any other electronic devices to prevent unauthorized access to PHI.

Right to request amendment of information- Patients have the right to review their information and request amendment/change of any information that is incorrect. The Agency does not have to agree with the patient's request.

SIGNATURE: _____ Title: _____ Date: _____