



HIPPA In-Service Agreement

New HIPPA/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/loss/accidental 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 caregivers, family members, etc.

Authorizations to disclose information- Updated HIPPA 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-healthcare entities for patient. Authorization is not required for abuse/neglect reporting.

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

Patient/Clients have the right to request PHI not to 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 HIPPA manual that provides information, policy guidance, and forms to comply with HIPPA regulations and our obligation related to the 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 a bag stolen or loss from your car, home computer (if PHI stored e-mails or on your hard drive) lost, stolen or hacked, etc. Improperly disposed of PHI can also be a breach-shredding is 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 information (PHI) has been compromised. Heavy burden of proof on the agency.
2. Breach involving over 500 patients/individuals must be reported to the OCR.

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

Electronic devices/smart phones-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 patients request.

Employee Signature: _____ Date: _____