

To: Employees and Volunteers
From: Meg Boyd Meyer PhD, Administrative Director

Re: HIPAA Patient Privacy Rules and Staff/Volunteer Responsibility

New regulations promulgated by HIPAA (Health Insurance Portability and Accountability Act) regarding patient privacy go into effect on April 14, 2003. As a Shepherd's Clinic staff or volunteer that works in any capacity at the clinic or comes into contact with a patient's Protected Health Information (PHI) you are responsible to understand the patients' rights to privacy and what you as a staff member or volunteer, and we as an organization must do to protect and safeguard a patient's PHI.

Attached to this memorandum is your training information. It is your responsibility to review and understand our procedures on safeguarding privacy. By familiarizing yourself with the attached material, by using common sense and by keeping in mind our focus on a patient's dignity, you will be able to comply with the requirement of HIPAA. Please be aware however, that failure to follow these Privacy Rules and to protect the patients' PHI and individual dignity may result in disciplinary actions up to and including termination of employment or volunteer duties.

Attached is the following:

1. HIPAA Training Guidelines (you must review and understand)
2. Copy of Notice of Privacy Practices (Each patient will be asked to read. You must be familiar with its content.)
3. Copy of Patient Acknowledgment (must be signed by patient and included in patient chart)
4. Employee Confidentiality Statement (You must sign and turn in to The Shepherd's Clinic.)
5. Acknowledgment of receipt of training material (Each employee/volunteer must sign a form that acknowledges that you have received HIPAA training. This form is also part of the aforementioned Confidentiality Statement, and must be signed and returned.)

I will serve as the designated Privacy Officer. Please feel free to contact me with any questions.

THE SHEPHERD'S CLINIC HIPAA PRIVACY TRAINING GUIDELINES

New regulations promulgated by HIPAA (Health Insurance Portability and Accountability Act) regarding patient privacy go into effect on April 14, 2003. As a Shepherd's Clinic staff or volunteer that works in any capacity at the clinic or comes into contact with a patient's Protected Health Information (PHI) you are responsible to understand the patient's rights to privacy and what you as a staff member or volunteer, or we as an organization must do to protect and safeguard a patients PHI.

Notice of Privacy Protection:

Before any patient can be triaged by the nurses or receive any health care services from The Shepherd's Clinic they must have received the attached Notice of Privacy Practices. This document, which details a patient's rights and our obligation to safeguard their Protected Health Information (PHI), is included in this packet. Please review it, as you must be prepared to explain the contents to our patients. The patient need only acknowledge the receipt of this document once.

Acknowledgment of Receipt of Notice:

Each patient must sign an Acknowledgment of Receipt of Notice document, prior to any delivery of health care services. Should they be unable or unwilling to sign, the reason would be documented and signed on the same form by staff. This lime green document will then be attached to their chart.

Oral Communication:

A guiding principle in all communication of PHI is to provide only the "minimum necessary" information. In all clinic areas, think before you speak and keep in mind both the patients' right to privacy and our mission to restore dignity.

While we will continue to call patients by name, whenever possible we should avoid asking them for personal information in the presence of other patients. Rather, all PHI should be discussed in as quiet a voice as possible. In our setting, we cannot prevent some things from being overheard, but we can make every reasonable effort to provide as much privacy as possible.

Registration Desk:

Only speak with one patient at a time and speak as quietly as possible. When handling patient files with personal information or PHI do not leave them unattended or laying out in such a way that passers by can see the name, etc.

Patient Sign-In Sheets:

While we will continue to use sign-in sheets at the clinic, only the patient's name should appear in them.

Appointment Books:

Because the appointment book does contain some PHI, it should not be viewed by patients nor left unattended.

Triage:

Wait to discuss PHI until in the treatment area and speak quietly. Do not leave the patient's file or the encounter notes unattended.

Physicians/Registered Nurses/Nurse Practitioners/Clinical Specialists:

Wait to discuss PHI until in the treatment area, and speak quietly. Do not leave the patient's file or encounter notes unattended.

Data Input:

When using the computer to input or access patient records, do not leave patients' files unattended nor stack them in an area or way that they can be read by passers by. Do not have the computer screen turned so that patients and passers by can see it. When not using the computer, secure the computer so others cannot see or access the patient records.

Placement and Filing of Charts:

Chart bins should not be left unattended, including over the lunch hour. Unfiled reports should be filed as soon as possible and should not be left out in the interim.

Duplicate/Discarded PHI materials:

Any papers with personal information that are to be discarded must be shredded rather than thrown in trash cans. *This includes all papers that have any personal information, including patient name, date of birth, social security number, address, phone, medications, health complaints, etc.*

Fax Cover Sheets:

A new fax cover sheet has been created that must be used when faxing anything that includes personal or PHI about a patient. It instructs that the information be destroyed should it be faxed to the wrong location.

Authorization for Release of Records:

Any release of information by The Shepherd's Clinic must be accompanied by a patient-signed consent form. Since any patient may ask at any time for a summary of all record releases of their PHI, it is important to retain their consent form in the chart and to indicate to whom, by whom, when and what was sent.

Patient's right to access and amend PHI:

Any patient has the right to formally review their healthcare information and/or amend it. All requests for review must be in writing. Any knowledge you have bearing on such a request should be discussed with the Privacy Officer. Since both formal and informal reviews are time consuming for our volunteer and professional staff, we do not encourage such reviews. We do encourage patients to discuss their conditions with their providers who create and use the notes in the chart.

Patients' Right to Complain about Privacy Practices:

All patients have the right to file a complaint if they believe we have violated their privacy. Complaint forms are available and should be given to the Privacy Officer. Assure any patient that complains that we will not refuse them care because they complain or take other forms of retribution.

Privacy Officer:

Meg Boyd Meyer
Administrative Director
The Shepherd's Clinic
2800 Kirk Avenue
Baltimore, MD 21218

Confidentiality Statement:

You must sign and return this new Confidentiality Statement.

Completion of Training:

This completes the written training that you will receive in HIPAA. You are welcome to discuss your questions with Meg Boyd Meyer or Kema Goodwin.

Please sign the combined Confidentiality Statement and Training Acknowledgment and turn it in to the administrative office as soon as possible.

EMPLOYEE/VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, understand the policies of **The Shepherd's Clinic**
(Please print your name)

regarding the confidentiality of our patients' health care information whether in written, unwritten, or electronic form. I understand that this information belongs to the patient and I am only the caretaker and must guard the information appropriately. This includes, but is not limited to, keeping patient health care information secure, private and out of public view, not discussing patient-specific issues and information in public areas, and protecting computer data by logging off work stations when not in use. I acknowledge that I have been trained on our legal obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain as a health care provider. I pledge to abide by HIPAA's Privacy Rules and by any state laws that provide greater protection or rights to patients.

I hereby agree and pledge that I will access only the information that is necessary for me to perform my responsibilities. I agree not to use, disclose or communicate any patient information in any manner whatsoever other than the minimum necessary for the provision of our services. I understand that all patient health information will be released only to those who have a need to know and have signed a confidentiality agreement, to Business Associates with signed contracts and/or to individuals or organizations with signed authorizations for release. If I have any doubts, prior to releasing any information, I will discuss my concerns with our Privacy Officer.

I also understand that unauthorized use or disclosure of protected health care information may result in disciplinary actions up to and including termination of my employment.

I understand that my obligation, as outlined above, will continue after my employment or association with the clinic ends and that should I violate patient confidentiality appropriate sanctions will be taken.

Name: _____
Address: _____
City, State, Zip: _____ Phone number: _____
Signature: _____ Date: _____
Witness Signature: _____

EMPLOYEE/VOLUNTEER TRAINING ACKNOWLEDGEMENT

I, _____, have read and understand the
(Please print your name.)

HIPAA Privacy Training Guidelines of The Shepherd's Clinic regarding the confidentiality of our patients' health care information whether in written, unwritten, or electronic form. I acknowledge that I have been trained on The Shepherd's Clinic's HIPAA Privacy Policies and Procedures. I understand that, as a condition of my employment/volunteer service, I will follow the privacy guidelines of this practice.

My signature below attests to the fact that I have read, understand and agree to abide by the terms of this agreement.

Name: _____
Signature: _____
Date: _____
Witness Signature: _____

