**Chapter 9**

**Data Privacy and Confidentiality**

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**Real-World Case 9.1**

HIPAA privacy breaches are of great concern and they occur too frequently. In April 2015, Cornell Prescription Pharmacy (CPP) reached a settlement with OCR to pay $125,000 and implement a corrective action plan following the disposal of PHI pertaining to 1,610 patients in an unlocked container on the premises. The information had not been shredded. No policies and procedures had been implemented, and no training had been conducted (HHS 2015).

This case highlights the fact that simple nontechnical measures (for example, shredding or burning PHI) can avoid a breach. Further, the role of an effective privacy officer (in this case, to implement policies and procedures and provide workforce training) would have been to raise awareness among staff that likely would have prevented this incident from occurring.

The fact that CPP is a small pharmacy with a single location demonstrates that breaches and penalties resulting from breaches do not occur in large organizations only. Covered entities and business associates of all types and sizes can commit breaches and be penalized for them.

US Department of Health and Human Services. 2015. HIPAA Settlement Highlights the Continuing Importance of Secure Disposal of Paper Medical Records. http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/cornell/cornell-press-release.html.

# Real-World Case Discussion Questions

1. What steps could a privacy officer have taken to prevent this breach?

A privacy officer could have can implement policies and procedures and provide privacy training. They would raise awareness among the staff.

1. How would you have responded to it had it not been prevented at your organization?

If a breach occurred at my organization I would have investigated how and why the breach happened. I would have contacted authorities or reported it to my supervisor immediately, because it is part of HIPPA and a big concern. To avoid breaches in the future, I agree a privacy officer, who has a lot of knowledge with PHI safety and security, would be hired to train and ensure PHI safety.

1. Should small healthcare organizations be charged fines for non-compliance with HIPAA? Justify your response.

Absolutely, all organizations should be responsible for the safety and security of the PHI. It is very important patient’s records are kept safe and secure. If not, people’s identity can be stolen or private information can get in the hands of criminals. The patient trusts the company to ensure safe records and if a small company can’t ensure safe records, neither can a large company. Everyone is to be held to the same standards. I wouldn’t go to a small company if I knew they weren’t required to keep my records secure.

**Real-World Case 9.2**

Ronnie Bogle, a resident of San Jose, California, is a medical identity theft victim. He discovered this when he was rejected for a credit card application. He learned that he had multiple pages of unpaid medical treatments, emergency room visits, and hospital stays from around the country, none of which were his. Still battling hospitals over unpaid bills more than five years after he discovered that he was a victim of this crime, it is noted that the intertwining of the perpetrator’s and victim’s medical information makes it much more difficult to undo than simple financial identity theft cases. Further, because medical identity theft involves a person’s health profile, it cannot be quickly shut down as a credit card number can. In 2014, damages related to medical identity totaled $20 billion and affected 2.3 million Americans (Nguyen et al. 2014).

Nguyen, V., D. Paredes, and S. Pham. 2015 (March 30). 2.3 Million Americans Victims of Medical Identity theft. NBC Bay Area Investigative Unit. http://www.nbcbayarea.com/investigations/23-Million-Americans-Victims-of-Medical-Identity-298070211.html.

# Real-World Case Discussion Questions

1. What could Ronnie Bogle, or any of us, do to prevent becoming a victim of medical identity theft?

There are new options to track your identity, one is to check your credit record on a regular basis. There are even credit report monitoring companies that you pay for to track it for you.

2. Why should healthcare organizations be interested in financial identity theft?

Financial identity thefts happened to 2.3 million Americans and totaled 20 billion dollars. This is a big issue and healthcare organizations need to take the appropriate precautions to ensure personal information is safe and secure.

1. What impact might medical identity theft have on the patient’s care?

Medical identity theft means someone may be using that person’s PHI to treat the wrong individual. Now there is a mixture of someone else’s health information in the record. This can cause treatment issues and rack up big charges. The PHI is no longer protected and is being used by someone else who’s getting treated.

# Application Exercises

*Instructions:* Answer the following questions.

1. Who would you include on a steering committee that is responsible for ongoing HIPAA privacy compliance, particularly considering the ARRA privacy provisions? Who should lead this committee?

A steering committee is a group of people who identify and document detailed set of specifications for safety of the PHI. I would include Health Information Technologists with high degrees, even a doctorate. I would also have lawyers that focus on HIPPA and ARRA laws. I would also include medical staff like, nurses and doctors to help inform the HIT and others about how the PHI is used. I believe a well-educated and highly experienced HIM should lead the committee because they have a lot of experience and training with the HIPPA and ARRA laws.

1. What type of ongoing educational activities would you provide for your organization’s workforce to facilitate compliance with the HIPAA Privacy Rule and the ARRA privacy provisions? How would you implement these activities?

Ongoing educational activities I would provide is regular safety/security training as well as regular reviews on how departments are keeping the PHI secure. Regular education of new laws and amended laws for HIPPA and ARRA are always shared. I would ensure every department, at least yearly got reviewed and upon the results of the review, new safety precautions are implemented.

1. What criteria would you use to determine whether an incident is a security breach that workforce members should report per the ARRA requirements? What types of notification to individuals would you recommend? Would the method of notification vary based on the nature of the breach?

If a security breach did occur criteria that I would first determine when it was discovered. All individuals whose information was breached will be notified no more than 60 days after discovery via phone or mail. If more than 500 individuals are affected they will still be notified individually and via media. I would use the radio, maybe social media, as well as local tv and newspaper. I believe no matter the nature of the breach it will be in both writing and phone. If it includes over 500 people, I’d try to use any media source possible to ensure all are notified.

1. What process would you use to update policies and procedures? How frequently would you update them? How would you ensure that they continue to be valid and compliant with HIPAA, including ARRA provisions?

A process I would use to update policies and procedures include using Health information professionals. They will oversee the current policies of HIPPA and regularly ensure changes that are made from HIPPA are then quickly updated in the organization’s requirements. They would be updated as soon as possible when HIPPA updates them. The Health Information Professionals will regularly review HIPPA and ARRA and compare them to our organizations policies. They may even review individual departments to ensure they follow the policies.

**Review Quiz**

*Instructions:* For each item, complete the statement correctly or choose the most appropriate answer.

1. Which of the following is true of the Health Insurance Portability and Accountability Act (HIPAA)?

a. Provides a federal floor for healthcare privacy

b. Duplicates state laws

c. Does not need to be followed if it is not feasible to do so

d. Duplicates Joint Commission standards

2. Under the HIPAA Privacy Rule, which of the following is a covered entity category?

a. Business associate

b. Healthcare clearinghouse

c. Physician office

d. Document disposal company

3. Under the HIPAA Privacy Rule, an impermissible use or disclosure should be presumed to be a breach unless the covered entity or business associate demonstrates that the probability the PHI has been compromised is \_\_\_\_\_\_\_\_\_\_\_.

a. High

b. Moderate

c. Low

d. Non-existent

4. Under usual circumstances, a covered entity must act on a patient’s request to review or copy his or her health information within what time frame?

a. 10 days

b. 20 days

c. 30 days

d. 60 days

5. The HIPAA Privacy Rule requires that covered entities limit use, access, and disclosure of PHI to the least amount necessary to accomplish the intended purpose. What concept is this?

a. Minimum necessary

b. Notice of privacy practice

c. Authorization

d. Consent

6. Which of the following should be included in a covered entity’s notice of privacy practices?

a. Description with one example of disclosures made for treatment purposes

b. Description of one other purposes for which a covered entity is permitted or required to disclose PHI without consent or authorization

c. Statement of the healthcare organization’s rights

d. Patient’s signature and e-mail address

7. Which of the following is true of the notice of privacy practices?

a. It must be made available at the corporate headquarters

b. It must be posted in a prominent place

c. Its content cannot be changed

d. It cannot be posted on the website

8. Which of the following statements is true?

a. An authorization must contain an expiration date or event

b. A consent for use and disclosure of information must be obtained from every patient.

c. An authorization must be obtained for uses and disclosures for treatment, payment, and operations.

d. A notice of privacy practices must give ten examples of a use or disclosure for healthcare operations.

9. In which of the following instances must patient authorization be obtained prior to disclosure?

a. To an insurance company for payment

b. To the patient’s attorney

c. To public health authorities as required by law

d. To another provider for treatment

10. Which of the following is true about a facility’s patient directory?

a. A written authorization from the patient is required before any information about the patient is placed in a facility directory.

b. Only the patient’s name may be placed in a facility directory.

c. The covered entity must inform the individual of the information to

be included in the facility directory.

d. Because this is considered a normal hospital operation, an individual may not prohibit his or her inclusion in the directory.

11. Which of the following statements about a business associate agreement is true?

a. It allows the business associate to use or disclose PHI for any purpose.

b. It allows the business associate to maintain PHI indefinitely after termination of the contract.

c. It allows the business associate to use or disclose PHI in limited ways.

d. It requires the business associate to make available records relating to PHI use and disclosure to the HHS.

12. How many days does a covered entity have to respond to an individual’s request for access to his or her PHI when the PHI is stored off-site?

a. 10 days beyond the original requirement

b. 30 days

c. 60 days

d. 90 days

13. Which of the following statements is true of the notice of privacy practices?

a. It gives the covered entity permission to use information for treatment purposes.

b. It must be provided to every individual at the first time of contact or service with the covered entity.

c. It must be provided to the individual by the covered entity within 10 days after receipt of treatment or service.

d. It serves the same purpose as the authorization.

14. Which of the following statements about a facility directory of patients is true?

a. Disclosures from the directory need not be included in an accounting

of disclosures.

b. Individuals must provide a written authorization before information can be placed in the directory.

c. The directory must contain only the patient’s name and birth date.

d. The directory may contain diagnostic information as long as it is kept confidential.

15. In which of the following situations can PHI be disclosed without authorization, as long as there was an opportunity for the individual to agree or object?

a. Disclosures for public health purposes

b. Disclosures to health oversight agencies

c. Disclosures regarding decedents

d. Facility directory disclosures

16. Who of the following would be considered a member of a hospital’s workforce?

a. A clerk working in the hospital’s registration office

b. A lawn care service for the hospital grounds

c. An employee of a company that picks up laundry from the hospital every day

d. An employee of one of the hospital’s business associates who is on the hospital premises occasionally

17. When would PHI loses its status?

a. If health information is not identified by the person’s name



b. After an individual has been deceased more than 50 years

c. When it is being used for research

d. When it is is in the hands of a business associate

18. A covered entity may deny an individual’s amendment request for which of the following reasons?

a. If the PHI in question is not part of the designated record set

b. If the PHI in question was created by the covered entity and therefore cannot be amended

c. If the PHI in question cannot be amended in an electronic health record

d. If the PHI in question was created over a year ago

19. Which of the following is a public interest and benefit exception to the authorization requirement?

a. Treatment, payment and operations

b. Facility directory

c. Notification of relatives and friends

d. Judicial and administrative proceedings

20. The breach notification requirement applies to:

a. All PHI

b. Unsecured PHI only

c. Electronic PHI only

d. PHI on paper only

21. A subpoena should be accompanied by which of the following?

a. Patient authorization

b. Patient consent

c. Court order

d. Interrogatory

22. In court, hearsay is generally \_\_\_\_\_\_\_\_\_\_\_\_.

a. Non-admissible

b. A key component of the decision making process

c. Admissible

d. e-discovery

23. The American Recovery and Reinvestment Act expanded the definition of business associates to include which of the following?

a. Consultants

b. Billing companies

c. Patient safety organizations

d. Transcription companies

24. Critique this statement: According to HIPAA, workforce members include students.

a. This is a true statement

b. This is a false statement as students are not employees in the organization

c. This is a false statement as workforce includes employees only

d. This is a false statements as the workforce includes employees and physicians only

25. The designated record set includes which of the following?

a. Strategic plan

b. Policies and procedures

c. Audits

d. Billing records