



HIPAA Training Materials for Students

What is HIPAA? HIPAA is an acronym for Health Insurance Portability and Accountability Act of 1996. It is comprised of two legislative actions – Health Insurance Reform and Administrative Simplifications.

Administrative Simplifications is designed to:

1. Improve efficiency and effectiveness by standardizing the exchange of electronic data for administrative and financial transactions;
2. Reduce health care fraud and abuse; and
3. Protect the security, privacy, and confidentiality of health information.

Prior to HIPAA, there was no common standard electronic format for the transfer of information between health care providers and payor organizations. Implementing a national standard means that all health care organizations use one format, and thus, simplify and improve transaction efficiency throughout the United States. This includes Medicare, Medicaid, and Managed Care providers. This makes the billing of claims much easier.

THE HIPAA PRIVACY STANDARD is what you need to be focused on during your day-to-day clinical affiliation at the Facility. The Privacy Standards deal with the uses and disclosures of patient health information, gives patients additional access to those records, and gives the patient the right to know who else has or has had access to those records.

The financial community has been acting under a privacy standard for some time. You may recall getting privacy notices in the mail from your credit card companies, your brokers, etc. If you have read these notices, it advised you of how and when they will use information that is considered private and what your rights are. The healthcare community is now undergoing the same notice and protection requirements.

PATIENT'S RIGHT TO PRIVACY OF PROTECTED DATA:

What is "protected data"? It is individually identifiable information that relates to an individual's past, present, or future physical or mental health condition, which is created or received by a health care provider, health plan, public health authority, employer, life insurer, school, college, or clearinghouse.

Therefore, any piece of information which would reasonably identify an individual that relates to their medical conditions.

1. Name
2. Relative's Names
3. E-Mail Addresses
4. Vehicle Serial No.
5. Address
6. Employer
7. URL or IP No.
8. Photos
9. Zip Codes
10. Date of Birth
11. SSN
12. Health Plan No.



We do have the right to exchange patient health information with other providers as it relates to their medical treatment billing or our general health care operations. This means that you do not need to be concerned with sharing information with physicians, labs, managed care entities, etc. Although, you can only provide information that they need in order to perform their job functions. In other words, **only the minimum necessary** to do their jobs and no more. General health care operations relate to quality assessment, credentialing, compliance audits, and legal proceedings. These functions are part of general operation of a business and are therefore excluded.

YOUR ROLE IN PROTECTING PATIENT INFORMATION

All records must be stored in a secure place and should not be left open for anyone who passes by to see. This includes information contained on **computers**. Do not leave charts open on any desks or computers left on with patient information open. Do not share patient information with volunteers or any other individual or organization that is not directly involved in the care of the patient, the collection of payment from a patient, or during day to day administrative duties. When discussing patient information with the Power of Attorney of a patient, do so quietly. **Do not give information about the patient to anyone that does not have the Power of Attorney without specific, written information from the patient.** Avoid using the patient's name in hallways, dining areas and any other areas. Never use the intercom system to call a patient.

If you have any questions about HIPAA, please contact your Clinical Instructor (CI) or the Director of Rehabilitation (DOR).

HIPAA Training Acknowledgement

I have read and understand the HIPAA Training Materials for Students and agree to abide with all HIPAA regulations.

Student Name (Print):	Date:
Student Signature:	