

COMPLIANCE DEPARTMENT

LSUHSC-S

**Louisiana State University Health Sciences Center
Shreveport/E.A. Conway Medical Center/Huey P Long**

ACKNOWLEDGEMENT RECEIPT

for

COMPLIANCE, HIPAA PRIVACY AND INFORMATION SECURITY

SELF STUDY BASIC TRAINING GUIDE

I hereby certify that I have received the "LSUHSC-S/E.A. Conway Medical Center/Huey P Long Compliance, HIPAA Privacy and Security Self Study Basic Training Guide". I understand that I will be accountable for the information contained therein. I also understand that this acknowledgement will be maintained as a record of my participation in the Compliance and HIPAA training program and may be reviewed by the Federal Government.

PRINT NAME: _____

DEPARTMENT: _____

SOCIAL SECURITY NUMBER: _____

DATE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

Original 4/1/03

Revision 1/22/07, 1/08/09

HIPAA Privacy and Security

What is HIPAA?

“HIPAA” is a federal statute, passed in August, 1996, that establishes national standards for medical privacy and the security of individuals’ health information.



The Privacy Compliance Deadline was April 14, 2003.

The Security Standards Compliance Deadline was April 20, 2005.

Why is HIPAA necessary?

HIPAA was passed by Congress in response to growing concerns that technological advances and the increasingly complex manner in which health care services were delivered and coordinated were resulting in, or could result in, risks to the privacy of and individual’s health information maintained by health care providers, health plans, and their various business associates. State statutes existed, however, few provided comprehensive, reliable standards and even fewer made it clear as to what patients’ rights were to access information in their own medical records.

Why did I receive this educational packet of Information?

- **Education about HIPAA and your institution’s policies and procedures related to complying with HIPAA, is required by law.**
- **All facility employees of the hospitals, clinics and medical school which are under the direction of the North Louisiana Chancellor are required to complete this module and be familiar with related policies. This includes all Shreveport, E.A. Conway and Huey P. Long campuses and employees.**
- **All Campuses and facilities will be designated as LSUHSC-S for purposes of HIPAA.**

What is the objective of HIPAA?

HIPAA's objective extends Federal Oversight to:

- **Assure health insurance portability**
- **Protect the privacy and security of individuals' health information**
- **Simplify the administration of healthcare financial and administrative transactions.**



What are the Privacy Rule Requirements?

- **Designation of a Privacy Official**
- **Mandatory employee education on privacy and security policies and practices**
- **Implementation of administrative, technical, and physical safeguards to ensure privacy and security of records**
- **Development of policies and procedures for the protection of health information and individual's rights**
- **Complaint process that accepts and records consumer complaints about the entity's information practices**

What is a Notice of Privacy Practices?

The Notice of Privacy Practices (NPP) describes how the patient's medical information may be used or disclosed and how they can get access to that information.

The NPP must be given to each patient and must be posted at each provider site.

LSUHSC-S must make a good faith attempt to obtain a written acknowledgement that the patient has received the Notice of Privacy Practices, or document the reason why an acknowledgement was not obtained.

What is Protected Health Information?

Any individually identifiable health information transmitted or maintain by a covered entity used or disclosed for treatment, payment or operations. It also includes all electronic, written and verbal patient information.

Examples of “PHI”:

- Name of individual, relative, etc.
 - Geographic Information
 - Zip Code
 - Date (Date of Birth, Admission, Discharge)
 - Telephone Number
 - Fax Number
 - Email Address
 - Social Security Number
 - Medical Record Number
 - Health Plan Number
 - Account Plan Number
 - Certificate or License Number
 - Any Full-Face Photograph Image or Comparable Image
- Vehicle ID, Serial Number
 - Any Device ID Number
 - Web Universe Resource Locators (URL’s)
 - Internet Protocol Address Numbers
 - Any Biometrics ID
 - Any Other Unique ID or Characteristic or Code

What is a Covered Entity?

A Covered Entity is a health care provider, health care clearinghouse or health plan, which transmits PHI electronically in connection with a transaction. All of LSUHSC-Shreveport/EA Conway/Huey P Long facilities are part of the LSUHSC-S covered entity and for purposes of HIPAA are designated as LSUHSC-S.

What is a Business Associate?

A Business Associate is a person or entity that performs certain functions or activities on behalf of an entity or provides certain services to an entity that involves the use or disclosure of PHI. Examples are document shedding services and physician billing companies.



What does Disclosure mean?

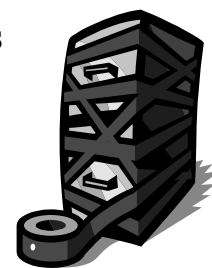
Disclosure means the release, transfer, provision of access to or divulging of patient information in any manner outside of the covered facility.

Why do I need to know this information?

All reasonable efforts must be made not to disclose more than the minimum necessary information about a patient than is needed to accomplish the intended purpose. Staff access to PHI is based on specific job duties and roles.

What are some things I can do to protect our patients' privacy?

- **Access only information you need to do your job**
- **Treat all information as if it were about you or your family**
- **Limit discussions at bedside (use good judgment)**
- **Do not discuss confidential patient information in elevators, hallways, the cafeteria, restrooms, etc.**
- **Do not discuss patients with your family, friends, or other employees in the hospital, not directly involved in the patient's treatment, payment and operations**
- **Do not access or share patient information about your family members, your friends, or any other person unless it is needed to do your job.**
- **Access only those computer systems you are officially authorized to access**
- **Do not leave charts, schedules, or computer screens containing patient information in plain view**
- **Do not share passwords**
- **Do not allow others to read over your shoulders**
- **Do not allow visitors or patients in staff areas, dictating rooms, chart storage areas, etc.**
- **Do not hold telephone conversations or conduct dictation in areas where confidential patient information can be overheard**
- **Shred PHI before discarding**
- **Call out only the patient's name in a waiting room**



 What uses and disclosures of PHI are permitted, without a written authorization from the patient?

- **To the patient**
- **Treatment reasons, to obtain payment or for health care business operations**
- **In response to a signed authorization by the patient**

- Pursuant to an oral agreement with the patient to make such disclosures to a relative or friend or other
- About an individual whom LSUHSC-S reasonably believes to be a victim of abuse, neglect or domestic violence
- Judicial or administrative proceedings
- To a law enforcement officer for purposes of law enforcement
- To the Coroner
- To Funeral Directors
- To organ procurement organizations
- If LSUHSC-S, in good faith, believes the use or disclosure a) is necessary to prevent or lessen a serious and imminent threat to the health safety of a person or the public; b) is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; of c) is necessary for law enforcement authorities to identify or apprehend an individual
- To Workers' Compensation as authorized by and to the extent necessary to comply with Louisiana Workers' Compensation Statutes.

What disclosures of PHI are required, without written authorization?

- To an individual, when requested under, and as required by the access or accounting requirement of the HIPAA Privacy Regulations
- When required by the Secretary of the Department of Health and Human Services to investigate or determine LSUHSC-S compliance with the HIPAA Privacy Regulations

What are some examples of disclosures of PHI that require a written authorization from the patient?



- Release of psychotherapy notes
- For marketing or fundraising purposes
- To release health information to an employer as part of a background check
- To release information to an insurance company at the patient's request for underwriting or eligibility for benefits (e.g. life or disability insurance)
- To release the results of a fitness test to a prospective employer
- Certain research purposes
- To professional help groups like American Cancer Reach to Recovery or the American Heart Association Mended Hearts.

Examples of Inappropriate Disclosures:

- **Your family who asks about a hospitalized family member, neighbor or friend**
- **A co-worker who is concerned about the diagnosis of a colleague**
- **The visitor who just left the patient's room**
- **The person who calls and says she is the patient's daughter**
- **Anyone you know that does not have a legal reason to know about the patient**

When you are asked you should say, "That information is confidential and I cannot share it."

What rights do patients have under the HIPAA Privacy Regulations?

- **The right to inspect and obtain a photocopy of their PHI**
- **The right to request to amend their PHI**
- **The right to request to receive confidential communications**
- **The right to request restrictions on certain uses and disclosures**

Where can I find LSUHSC-S's HIPAA Policies?

See attached Summary of Policies, which will also direct you to the website to view the policies in their entirety.

What are the penalties under HIPAA?

Non-Compliance with requirements:



- **Unintentional violations can be \$100 per violation, up to a maximum of \$25,000 per all violations of the same type per year**
- **Maximum fines reached at the total of 25 different violations; could exceed \$625,000 per year**

Wrongful Disclosure of PHI:

- **Simple Disclosure:** fines up to \$50,000 and/or 1 year in prison
- **Disclosure under False Pretenses:** fines up to \$100,000 and/or 5 years in prison
- **Disclosure with intent to sell or use:** fines up to \$250,000 and/or 10 years in prison



Part II – HIPAA Information Security

If your job duties require that you access the LSU network or any hospital computer system, you will also be required to complete online HIPAA training.

Security regulations require that all LSUHSC-S workforce members receive training on Information Security. These regulations are:

- **HIPAA Security Rule (45 CFR § 164.306) Enforceable as of 4/20/2005**
- **Graham-Leach-Bliley Safeguards Rule (16 CFR § 314) Enforceable as of 5/15/2003**
- **FDA Regulation (21 CFR §11) Enforceable as of 4/2003.**
- **LA Office of Information Technology Policies.**

Even though you may not need access to the computer network to do your job, you still play an important role in the security of LSUHSC-Shreveport/E.A.Conway Medical Center/Huey P Long.

Things you should not do:

- **Don't look over the shoulders of people working at computers.**
- **Don't hold open the door to a secure area (like computer services) for someone you don't know.**
- **Never try to hack or otherwise gain access to the network.**
- **Never assist anyone who is trying to hack the network.**
- **Never help anyone who asks you to find their password.**

- **Don't surf the internet with an unused computer. Some websites carry viruses that can disable the network. It also ties up network resources others need to do their jobs.**
- **Don't bring a computer from home and plug it into the network.**



- **Always keep keys, access cards, and other security items in your possession. Never loan them out to anyone. If you wish to be helpful to someone who does not have access to a secure area, escort him or her to someone within the secure area who can assist him or her in his or her needs.**
- **If you see an unattended computer with data displayed, bring it to the attention of the supervisor of that area.**
- **If a printout is left unattended on a printer or copier, bring it to the attention of the supervisor of that area.**
- If you see someone you do not recognize using a computer or loitering around a computer, ask them politely if you can help them and escort them to someone who can make sure they get what they need. If they do not cooperate, notify campus police and your helpdesk.
- **By following these simple rules, you are helping to ensure that the data of our faculty, staff, patients, and students is kept secure and confidential.**

COMPLIANCE

Federal False Claims Act: (USCA 21 §3729 et. Seq)

Any person who knowingly presents or causes to present a false or fraudulent claim for payment or approval, or knowingly participates in any way whatsoever to get a false or fraudulent claim paid or approved by the Government, is liable to the US Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the

amount of damages which the Government sustains because of the act of that person. This amount can be reduced by full cooperation.

What is “knowingly”?

That the person had actual knowledge of the information, acted in deliberate ignorance of the truth or falsity of the information; or acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required.

Whistleblower Actions

A private person can bring a suit against any person or entity that they believe have violated the False Claims Act. The suit is brought in the Government’s name, thus the name “qui tam action”, which means one who sues on behalf of the King, and is brought by one who alleges fraud by government contractors or other entities who receive payment for services, and the private person shares in any recovery if the Government decides to proceed with the suit (15-25%).

Whistleblower Protection:

It is the policy of LSUHSC that they **will not** retaliate upon any employee that reports suspect behaviors in any form or fashion. This protection is also afforded by Federal law, as well as Louisiana State Law.

Louisiana State Law

Under Louisiana state law, the definition of a false or fraudulent claim is slightly broader, At LSA R.S. 46.437.--, “8) "False or fraudulent claim" means a claim which the health care provider or his billing agent submits knowing the claim to be false, fictitious, untrue, or misleading in regard to any material information. “

Under state law, (12) "Knowing" or "knowingly" means that the person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information.

Just as with the federal whistleblower statute, under Louisiana state law, “a private person (“Qui Tam plaintiff) may institute a civil action (“Qui Tam Action”) in the courts of this state on behalf of the medical assistance programs and himself to seek recovery.

A person who is or was a public employee or public official or a person who is or was

acting on behalf of the state shall not bring a qui tam action if the person has or had a duty or obligation to report, investigate, or pursue allegations of wrongdoing or misconduct by health care providers, or had access to the records of the state through the normal course and scope of his employment relative to activities of health care providers.

STATE WHISTLEBLOWER PROTECTION

No employer of a qui tam plaintiff shall discharge, demote, suspend, threaten, harass, or discriminate against a qui tam plaintiff at any time arising out of the fact that the qui tam plaintiff brought an action pursuant to this Subpart unless the court finds that the qui tam plaintiff has instituted or proceeded with an action that is frivolous, vexatious, or harassing.

No employee shall be discharged, demoted, suspended, threatened, harassed, or discriminated against in any manner in the terms and conditions of his employment because of any lawful act engaged in by the employee or on behalf of the employee in furtherance of any action taken pursuant to this Part in regard to a health care provider or other person from whom recovery is or could be sought. Such an employee may seek any and all relief for his injury to which he is entitled under state or federal law.

No individual shall be threatened, harassed, or discriminated against in any manner by a health care provider or other person because of any lawful act engaged in by the individual or on behalf of the individual in furtherance of any action taken pursuant to this Part in regard to a health care provider or other person from whom recovery is or could be sought except that a health care provider may arrange for a recipient to receive goods, services, or supplies from another health care provider if the recipient agrees and the arrangement is approved by the secretary. Such an individual may seek any and all relief for his injury to which he is entitled under state or federal law.

An employee of a private entity may bring his action for relief against his employer or the health care provider in the same court as the action or actions were brought pursuant to this Part or as part of an action brought pursuant to this Part.

LSUHSC Policies:

Code of Conduct - A policy that obligates the employee to a culture of “doing the right thing. The Code of Conduct is provided to each new employee and they sign acknowledgement of having received, read and agreeing to abide by the LSUHSC Code of Conduct as a condition of employment.

Mandatory Education: All new employees receive Compliance, HIPAA Privacy and Security basic training. Some employees, who participate in the claims process or have computer access, receive additional on-line education which provides more in depth compliance, fraud and abuse, and HIPAA content.

It is every employee's responsibility to report suspected violations of the laws, regulations and policies, or other questionable conduct.

STATE LAW:

Recovery awarded to a qui tam plaintiff

Generally, if the secretary or the attorney general intervenes in the action brought by a qui tam plaintiff, the qui tam plaintiff shall receive at least ten percent, but not more than twenty percent, of recovery, exclusive of the civil monetary penalty provided in R.S. 46:439.6(C). In making a determination of award to the qui tam plaintiff the court shall consider the extent to which the qui tam plaintiff substantially contributed to investigations and proceedings related to the qui tam action.

Rewards for fraud and abuse information

State law provides that there may be a reward of up to two thousand dollars to an individual who submits information to the secretary which results in recovery pursuant to the provisions of this Part, provided such individual is not himself subject to recovery under this Part.

Compliance Toll Free Anonymous Hotline

1-800-465-1923

Where do I call, if I have any questions regarding HIPAA or Compliance?

LSUHSC-S Compliance Office

(318) 675-5067

E.A. Conway Medical Center Compliance Office



(318) 330-7418

Huey P Long Compliance Office

(318) 473-1415

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER- SHREVEPORT

SUMMARY OF HIPAA PRIVACY POLICIES

These policies apply to all LSUHSC-Shreveport health care facilities and providers, including, but not limited to, hospitals, physician clinics, labs, etc., which are referred to in this policy as LSUHSC-S.

HIPAA policies and Confidentiality Agreement may be viewed in their entirety at the following website:

www.compliance.lsuhs-c.edu/policies

In the event any of these policies conflict with other LSUHSC-S policies, please contact the Compliance Office.

1. **Notice of Privacy Practices Policy.** All LSU System health care facilities and providers must provide an adequate Notice of Privacy Practices to patients. LSUHSC-S must also inform the patients of their rights with respect to Protected health Information and LSUHSC-S's legal duties. LSUHSC-S must obtain the patient's acknowledgement of receipt of the notice.
2. **Privacy Official and Complaint Contact.** Each of LSUHSC-S hospitals must designate a Privacy Official to oversee and implement LSUHSC-S's privacy policies and procedures and work to ensure LSUHSC-S's compliance with the requirements of the HIPAA Privacy Regulations. The Patient Advocate will be responsible for receiving complaints about matters of Patient Privacy.
3. **Accounting of Disclosures of Protected Health Information.** All LSU System health care facilities and providers must provide patients with a right to request and receive an accounting of the uses and disclosures of their Protected Health Information by any LSU System health care facility or health care provider.
4. **Minimum Necessary Uses and Disclosures of Protected Health Information.** LSUHSC-S is committed to ensuring the privacy and confidentiality of protected health information that is used or disclosed by LSUHSC-S's workforce during the course of their work while ensuring that LSUHSC-S has access to the information that is required to accomplish its mission, goals and objectives. LSUHSC-S will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request as required under the Privacy regulation and other applicable federal, state and local laws and regulations.

- 5. Whistleblower/Non-Retaliation.** It is the responsibility of all LSU System facility employees to report perceived misconduct, including actual or potential violations of state and federal laws and regulations, internal policies and procedures, Permanent Memoranda of the LSU System, and Chancellors' Memoranda.

The LSU System facility will maintain an "open-door policy" at all levels of management to encourage employees to report problems and concerns.

The LSU System facility will follow all necessary procedures to protect against any retaliation toward any employee, faculty, staff, or other individual, including a patient of its facilities, for exercising their rights or participating in any process pursuant to internal policies, applicable law, or regulation.

Any employee who commits or condones any form of retaliation will be subject to the LSU System facility Human Resources' policies on discipline up to, and including, termination.

- 6. Mitigation After Improper Protected Health Information Use or Disclosure.**

The LSU System Facility has a duty to ensure the proper use and/or disclosure of PHI. To the extent practicable, the LSU facility will mitigate (lessen or alleviate) any harmful effect that becomes known to the LSU System facility as a result of a use or disclosure of PHI in violation of the LSU System facility's policies and procedures or applicable law.

- 7. Training and Education Requirements For Members of LSUHSC-S's**

Workforce. All LSU System health care facilities and providers must provide members of its workforce with education and training on the LSU System policies and procedures on Health Information Privacy and the HIPAA Privacy Regulations.

- 8. Documentation Requirements.** All LSU System health care facilities and providers will have to adhere to all documentation requirements as stated in 45 C.F.R. 164.530(j) and other applicable federal, state, and/or local laws and regulations.

- 9. Patient's Request For Restriction of Uses and Disclosures of their Protected**

Health Information. All LSU System health care facilities and providers must provide patients with a right to request a restriction of the uses and disclosures of their Protected Health Information that is contained in a Designated Record Set. The HIPAA Privacy Regulations require health care providers to provide patients with a right of access to inspect and obtain a copy of their Protected Health Information.

- 10. Patient's Right of Access to and Obtain a Copy of their Protected Health**

Information. All LSU System health care facilities and providers must provide patients with a right of access to inspect and obtain a copy of their Protected

Health Information about the individual in a Designated Record Set of any LSU System health care facility or health care provider.

11. **Patient's Right to Request an Amendment to their Protected Health Information.** All LSU System health care facilities and providers must provide patients with a right to request an amendment as required by the HIPAA Privacy Regulations. A patient's request for an amendment should be handled in accordance with this policy and any applicable Federal or state laws or regulations.
12. **Patient's Right to Request and to Receive Confidential Communications by Alternative Means or at Alternative Locations.** All LSU System health care facilities and providers must provide patients with an opportunity to request and receive confidential communications by alternative means or at alternative locations of their Protected Health Information and must accommodate reasonable requests.
13. **Safeguards.** The Louisiana State University (LSU) System health care facilities and providers will have the appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information and to minimize the risk of unauthorized access, use, or disclosure as described herein and pursuant to 45 C.F.R. 164.530© and other applicable federal, state, and/or local laws and regulations.
14. **Limited Data Set.** To provide guidance to the health care facilities and providers affiliated with the LSU System in the following areas:
 - To outline the process for reviewing and responding to requests for limited data sets.
 - To provide guidance on how to create a limited data set.
 - Define requirements of a Data Use Agreement for use and disclosure of a limited data set.
15. **De-Identification of Protected Health Information.** All LSU System health care facilities and providers should comply with the applicable requirements of the HIPAA Privacy Regulations when de-identifying an individual's Protected Health Information.
16. **Use and Disclosure of Protected Health Information for Payment, Treatment and Health Care Operations.** All LSU System health care facilities and providers should follow the requirements of the HIPAA Privacy Regulations when using or disclosing Protected Health Information as outlined in this policy to carry out treatment, obtain payment for services, or to conduct certain health care operations.

For the purposes of this policy, workforce is defined as Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the facility, is under the direct control of such facility, whether or not they are paid by the facility. This includes full-time, part-time, or PRN staff, regularly scheduled contract workers, volunteers, students, and others defined by the health care facility.

17. **Use and Disclosure of Protected Health Information for Facility Directory Purposes.** All LSU System health care facilities and provide patients with the opportunity to agree to or prohibit the use or disclosure of their Protected Health Information in a facility's directory.
18. **Use and Disclosure of Protected Health Information For Marketing Purposes.** All LSU System health care facilities and providers must obtained an individual's signed authorization before using or disclosing the individual's Protected Health Information for marketing purposes as defined in this policy.
19. **Use and Disclosure of Protected Health Information for Research.** All Louisiana State University Health Sciences health care components, facilities and providers, including, but not limited to health sciences schools, IRB's and/or Privacy Boards established thereunder, hospitals, physician/faculty practices and clinics will provide guidance for the use and disclosure of protected health information (PHI), as described in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for research purposes including:
 - Instances where a written authorization is required before PHI may be used or disclosed;
 - Instances where written authorization of the patient is not required before PHI may be used or disclosed, but a review of the use or disclosure of PHI must be performed and approved by a the IRB; and
 - Instances where written authorization of the patient is not required before PHI may be used or disclosed, but the researcher must provide written assurances that the PHI will be protected.
20. **Use or Disclosure of Protected Health Information That Require and Individual's Written Authorization.** All LSU System health care facilities and providers must obtain a patient's written authorization.
21. **Use and Disclosure of Protected Health Information To Persons Involved in the Patient's Care and For Notification Purposes.** All LSU System-affiliated health care facilities and providers should provide a patient with an opportunity

to agree to or object to the disclosure of their Protected Health Information to family members or other persons identified by the patient, or for notification purposes.

22. Use and Disclosure of Protected Health Information to Business Associates. All LSU System health care facilities and providers must enter into a business associate contract with any Business Associates as provided in this policy.

23. Use and Disclosure of Protected Health Information For Fundraising. All LSU health care facilities and providers may use or disclose an individual's Protected Health Information for fundraising purposes as described in this policy.

Original 4/1/03

Revision 1/22/07, 1/08/09