



The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

WHAT YOU NEED TO KNOW ABOUT HIPAA

INTENT OF THE HIPAA PRIVACY STATUTE AND REGULATIONS

The Department of Health and Human Services (HHS) states that the three main purposes of the HIPAA Privacy rule are as follows:

- To protect the rights of patients by providing them access to their protected health information and the ability to control the use and disclosure of the information.
- To restore public's trust in the healthcare delivery system.
- To improve the efficiency and effectiveness of healthcare delivery in the United States by creating a national framework for healthcare privacy.

WHO IS SUBJECT TO HIPAA

Health care entities that are considered to be covered directly by HIPAA are as follows:

- Health plans
- Health care clearinghouses
- Providers (defined as physicians and all others that provide health care services directly, such as paramedics, dentists, social workers, etc.)
- Facilities (defined as hospitals, dialysis centers, home health agencies, skilled nursing facilities, hospice programs, etc.)
- Others, such as pharmacies, DME suppliers, ambulance services, etc.

Health care entities considered to indirectly provide health care services and need business associate contracts since they are exposed to protected health information are entities such as billing agents, accountants, collection agencies, cleaning personnel, inspectors, surveyors, etc. These entities are not part of the physician's workforce, but may be an independent contractor or other "business associate".

A covered entity, such as a physician, is responsible for violations of the HIPAA privacy regulations by business associates who receive covered health information. If a physician knows of a violation by a business associate, the physician must take reasonable steps to remedy the situation and prevent it from happening

again. If the physician is not successful in correcting the situation, the physician must terminate the contract or report the violation to HHS.

WHAT IS CONSIDERED PROTECTED INFORMATION

Protected health information is any health information (including demographic information) relating to the patient's past, present or future physical or mental health or condition, the provision of health care or the past, present or future payment for health care.

Protected health information may be created/received by provider, plan, employer or clearinghouse. Individually identifiable health information is information that presents a reasonable basis to believe the information can be used to identify the individual. The information may be in any medium – written, verbal, electronic, fax, etc.

Intern/Residency Site Surveys (Inspections)

All future site-survey workbooks are required to be revised and rewritten to reflect changes in the standards and to reflect accordance with a validation survey rather than the previous fact finding surveys. The validation format requires that the survey workbook be completed as a self-study tool by the DME or Program Director in advance and attach all required documents, schedules, affiliations, etc. This should be completed beginning 120 days prior to the scheduled survey and completed no less than 30 days prior and mailed to the scheduled reviewer (inspector). Reviewers will no longer ask for the information and complete the workbook. It is the program responsibility in advance. Mr. Scott Dalhouse at the AOA is coordinating the entire inspection process. All questions should be directed to Scott at 1-800-621-1773, x8085. Independent program reviewers will be utilized with increasing frequency as necessary.

HIPAA Business Associate Agreements

For purposes of HIPAA compliance, surveyors/inspectors are considered "business associates" of the AOA as they provide indirect health care services (in the form of program review) to graduate medical education programs. As this relationship exists, surveyors/inspectors may be exposed to or have access to protected information as described above. To ensure compliance with HIPAA regulations, Business Associate Agreements must be executed between the AOA and each person serving as an associate in the role of a surveyor or inspector.

The HIPAA Business Associate Agreements must be signed by anyone participating in the accreditation or program review (inspection) process. One copy of the agreement must be returned to the AOA as soon as possible before the inspection/survey is conducted and the inspector/surveyor shall retain a copy for his/her records.

An electronic HIPAA compliance-training program is currently under development. Upon completion, the training program will be available on *DO-online*.