



Student/Observer HIPAA Education and Guidelines

In support of our commitment to career development, education and training of healthcare professionals, we want to provide you with the best experience possible. The education and guidelines outlined below are intended to provide you, the observer, with basic knowledge about HIPAA and the state of Kansas privacy requirements.

What does HIPAA and HITECH stand for?

- The federal **Health Insurance Portability and Accountability ACT (HIPAA)** of 1996, along with state law, mandates the privacy and security of Protected Health Information (PHI); the portability of health insurance and simplification of electronic billing.
- The **Health Information Technology for Economic and Clinical Health (HITECH)** Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

What is the purpose of HIPAA?

- Protects the privacy of an individual's health information.
- Ensures physical and technical security of an individual's health information.
- Governs the use and disclosure of an individual's health information for treatment, payment, operations, research, marketing and other functions.

Patients Rights under HIPAA

Patients have the right to:

- Inspect and obtain a copy of any medical record that providers use to make decisions about them and their treatment. This includes the legal medical record, their billing records and may extend to other shadow and research records, if not included in the legal record.
- Control, with certain limitations, the release of their medical information through authorization.
- Request an "accounting of disclosures" - that is, a list describing with whom and why their medical information has been shared with outside parties. This list must even include those disclosures that are required by law.
- Add an addendum to or correction to their medical record.
- Request restrictions on certain uses or disclosure of their medical information.
- Request we communicate with them in a certain way or at a certain location.
- Receive a copy of the Notice of Privacy Practices which describes how the Hutchinson Clinic protects patient's privacy.

Individuals who want to exercise any of the rights referenced above should be referred to the Health Information Management Services (HIMS) department. Visiting Observers are not allowed to discuss or handle any of these requests.

HIPAA Training and Compliance

- Federal law requires the training. Observing these regulations is the way we conduct business.
- All health plans, clearing houses and health care providers must comply with the standards. These groups are referred to as “Covered Entities.”
 - The Hutchinson Clinic is a “covered entity.”
 - Hospitals, medical equipment suppliers, sole practitioners and physician practice groups, dentist, pharmacies, home health agencies and nursing homes, laboratories, departments conducting research, among others are also covered entities.

Protected Health Information (PHI)

PHI consists of individually identifiable health information that is created or received by the Hutchinson Clinic and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

Identifying examples include but are not limited to:

- Name
- Social Security #
- Medical Record #
- Phone Number/ Fax Number
- E-Mail Address
- Full face photographs/ Biometric ID – finger, voice prints
- Health Plan Number / Account Number
- License Number / Vehicle Identification Number
- URL’s & IP Address
- Any other unique identifying number, code, or characteristic

“Minimum Necessary” Requirement

The Hutchinson Clinic may not use or disclose PHI except as authorized by the patient or as permitted by law. PHI may be collected, used and disclosed for certain purposes without patient authorization. These purposes include treatment situations, transmitting information in a billing process to get paid, and certain specific administrative functions necessary in the operations of health care entities, such as accreditation, quality management and internal training activities. When using or disclosing PHI for purposes of payment or health care operations, the Hutchinson Clinic may use only the minimum amount of information necessary to accomplish the purpose of the use or disclosure.

Why is this Important to you?

You are responsible for securing PHI and keeping it private. Any PHI that you come into contact with during your observation experience must not be further disclosed. The Hutchinson Clinic will not be responsible for individual employee/student penalties if the breach was intentional or happened outside the scope of the individual’s job/observation experience at the Hutchinson Clinic.

Disciplinary Action for Non-Compliance

The Hutchinson Clinic complies with the HIPAA regulations through electronic monitoring of computer access to PHI, and by conducting physical inspections of clinic areas that handle confidential health information.

Discipline May Include:

- Up to and including termination of employment or expulsion from observation program.
- Federal, Civil and Criminal penalties include financial and prison penalties per violation.

Individual Complaints

Complaints regarding potential violations of privacy rights must be directed to the Compliance and Privacy Department 620.694.4409 or anonymously to the Compliance Hotline 855.900.0067 or 800.216.1288 (Spanish)

During your visit:

- You may access and use Protected Health Information (PHI) ONLY in the context of the training activity in which you are participating; any PHI you receive MUST remain confidential.
- You may not write down any PHI for observation notes, or take any photographs of patients or other visitors.
- The patient is to be asked if it is acceptable to have an observer during their care. If the patient declines observers request, you will be asked to step out. There may be situations where the patient would be more comfortable without an observer.
- You will not be allowed to provide direct patient care or engage in activity that is considered practicing medicine.
- Behave in an appropriate, professional and courteous manner at all times.
- Do not initiate or accept patient invitations to engage in social or social media relationships.
- You will not be allowed to accompany a provider or employee to Hutchinson Regional Medical Center unless you have been approved through HRMC.
- Professional attire is expected. No shorts, jeans, short skirts or shirts, or shirts with writing/brand name logos visible on front or back. A name badge will be worn to identify your educational institution or as a student observer. Fragrances should be limited, as strong odors can be offensive to ill patients.

I have reviewed the above and agree to comply with the requirements outlined in the Student/Observer HIPAA education and guidelines.

Visiting Observer's Name (Please print legibly)	Signature	Date
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Company/Organization: _____

Purpose of Observation: _____

If you have further questions or concerns please contact Lindsey Thiessen, Privacy Officer at 620.694.4409 or thiessenlr@hutchclinic.com

Please return this completed form to Human Resources by email hr@hutchclinic.com or fax at 620-669-2529.

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