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## HIPAA Compliance Review



# HIPAA Compliance Review



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 PHI Overview

 Accessing PHI

 Common Pitfalls

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 Recap & Key Takeaways



**TOPICS IN  
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# HIPAA Compliance Review



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### Recap & Key Takeaways

**Identify what constitutes Protected Health Information (PHI) and recognize appropriate versus inappropriate access.**

01.

**Apply HIPAA-compliant best practices to prevent unintentional breaches during daily tasks and interactions.**

02.

**Respond confidently and appropriately when HIPAA concerns arise, including how and when to escalate or report violations.**

03.



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Recap & Key Takeaways

## What is Protected Health Information?

Protected Health Information includes anything that can identify an individual - name, date of birth, medical record number, diagnosis, insurance details - even if it doesn't seem 'sensitive'.

### Verbal

This includes saying an individual's full name and treatment

### Written

This includes handwritten notes or documents

### Electronic

This includes emails, shared files, system screens

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## PHI In Your Day-to-Day Work

### Phone Calls

Repeating names, confirming treatment, handling complaints

### Systems

Case notes, enrollment records, referral documents

### Emails

PHI in subject lines, forwarded messages, or sent without encryption

### Documents

Scanned forms, intake paperwork, faxes, and internal spreadsheets

### Screens

Leaving systems open or visible in shared spaces

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## Protecting PHI: Legal and Ethical Obligations

HIPAA sets national standards for safeguarding individual information; violations can result in financial penalties, lawsuits, or loss of access

**Legal  
Protection**

Individuals need to feel secure sharing information - if that trust is broken, care may be avoided or delayed


**Trust**

As healthcare professionals, protecting privacy is a core part of our responsibility

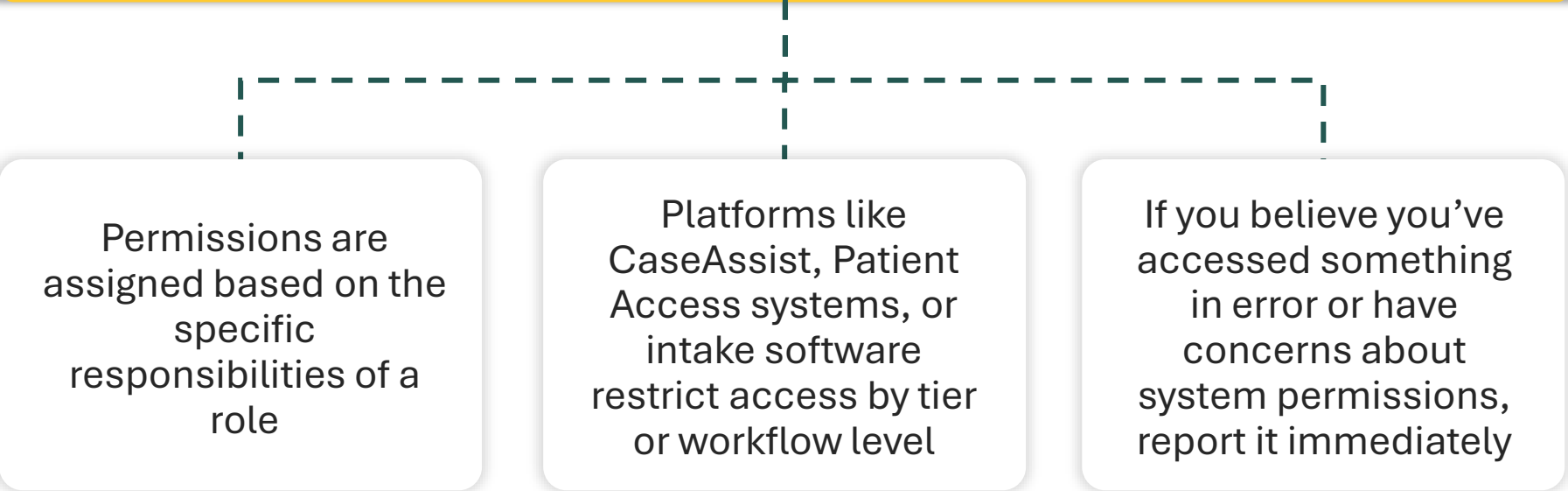
**Ethical  
Obligation**

A HIPAA breach affects not just the individual but the reputation and operational standing of the entire program

**Organization  
Impact**

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## Role Based Access to PHI



**Curiosity ≠ Compliance:** Just because you can view something doesn't mean you should! Know who to contact if your access seems misaligned.

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## Accessing PHI: Only on a Need-To-Know Basis

You should only access information directly related to your current job function or assigned cases.

Below are examples of Inappropriate Access:

**Looking up a friend  
or relative's  
information**

**Reviewing a case  
out of curiosity, not  
responsibility**

**Pulling data “just to  
see what happened”  
after an interaction  
ends**



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## Securing PHI

Protecting information isn't just about access - it's also about securing our devices and workspaces. Whether you're working remotely or onsite, your login and screen habits play a huge role in keeping PHI safe.

### Logging In/Out:

Always use your own login and log out when done or switching devices.

### Device Security:

Use secure, approved tools for work, avoid personal devices, and report any lost or compromised equipment immediately.

### Screen Privacy:

Lock your screen when away and protect on-screen info in shared or public spaces.



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## Common Ways HIPAA Violations Occur

These are the most common ways HIPAA violations occur - not through bad intentions, but through simple oversights that can happen in fast-paced work environments.



**Unlocked Screens:** Walking away from an open workstation - even for a moment - can expose PHI. Always lock your screen (Ctrl + Alt + Del or Command + Control + Q) before stepping away.



**Failing to Authenticate Callers:** Sharing PHI without properly verifying who's on the line is a serious risk. Always follow your team's authentication process before disclosing any individual information.



**Sending PHI to the Wrong Recipient:** Common via email, fax, or internal messaging. Double-check the recipient field, attachments, and CCs before sending. If you catch a mistake, report it right away - don't try to correct it on your own or delay reporting.



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## Accidental Exposure of PHI

Individuals have the right to know when their information is mishandled - even when no disciplinary action is taken, every incident is investigated and reviewed.

### Example 1

Accidentally sending PHI to the wrong email = breach, even if quickly corrected

### Example 2

Forgetting to log out or authenticate a caller = breach, even if no harm was intended

**HIPAA protects both people and trust - owning our role is part of being a professional!**

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## Protecting PHI: Reporting Noncompliance

**What to do if you  
make or witness  
a mistake:**


- Don't try to fix it alone or delete records - transparency is key.
- If PHI was sent to the wrong person, write down:
  - What was shared
  - How it happened
  - Who may have seen it
  - When it occurred
- If you witness a coworker's mistake, approach them directly if appropriate, or escalate to a manager.

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## Protecting PHI: Reporting Noncompliance

**Who to notify and how to report:**

- Notify your lead or manager immediately.
- Managers will complete the [Nonconformance Form](#) for any potential HIPAA breach.



### Potential Nonconformance

Please complete this form

▼

Nonconformance Report

(Select category from dropdown list.)

Category\*

Select option

Provide details of the nonconformance. (Enter all the call details in the Description field.)

Description\*

Enter text

Which process identified the Late or Missed AE/PQC?

Select option

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## Best Practice for Protecting PHI

### Pause and Protect Mindset

Slow down before accessing or sharing information.

Use Secure Systems and Communication

Mindfulness in Shared Spaces

Clean Desk and Lock Screen Culture

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## Best Practice for Protecting PHI

Pause and Protect Mindset

### Use Secure Systems and Communication

Never send PHI through unsecured channels (e.g., personal email, non-secure chat).

Mindfulness in Shared Spaces

Clean Desk and Lock Screen Culture

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## Best Practice for Protecting PHI

Pause and Protect Mindset

Use Secure Systems and Communication

## Mindfulness in Shared Spaces

Be aware of surroundings during virtual meetings and open offices.

Clean Desk and Lock Screen Culture



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## Best Practice for Protecting PHI

Pause and Protect Mindset

Use Secure Systems and Communication

Mindfulness in Shared Spaces

## Clean Desk and Lock Screen Culture

Keep your desk clean and Lock your screen every time you step away.



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## HIPAA Scenario Review

### Misdirected Email

A team member sends a case update to the wrong internal contact. The recipient isn't assigned to that individual.

### Unlocked Screen

An individual's name and details are visible on a screen left open in a shared workspace during lunch.

### Caller Verification Skipped

A rep speaks with someone who claims to be the individual's caregiver but doesn't verify identity before discussing PHI.

### Curiosity Access

A team member looks up a former individual's record just to "see how things ended up."

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From phone calls to emails to open screens  
- PHI can show up in expected and unexpected places.

**Be alert and intentional.**

If you make or witness a mistake, report it immediately using the Nonconformance Form. Timely reporting allows for corrective action and protects everyone involved.



**What was your biggest takeaway from today's session?**