



HIPAA Compliance Review



HIPAA Compliance Review

 Learning Objectives
 PHI Overview
 Accessing PHI
 Common Pitfalls
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 Recap & Key Takeaways

**TOPICS IN
THIS MODULE**

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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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Recap & Key Takeaways

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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Recap & Key Takeaways

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

Permissions are assigned based on the specific responsibilities of a role

Platforms like CaseAssist, Patient Access systems, or intake software restrict access by tier or workflow level

If you believe you've accessed something in error or have concerns about system permissions, report it immediately



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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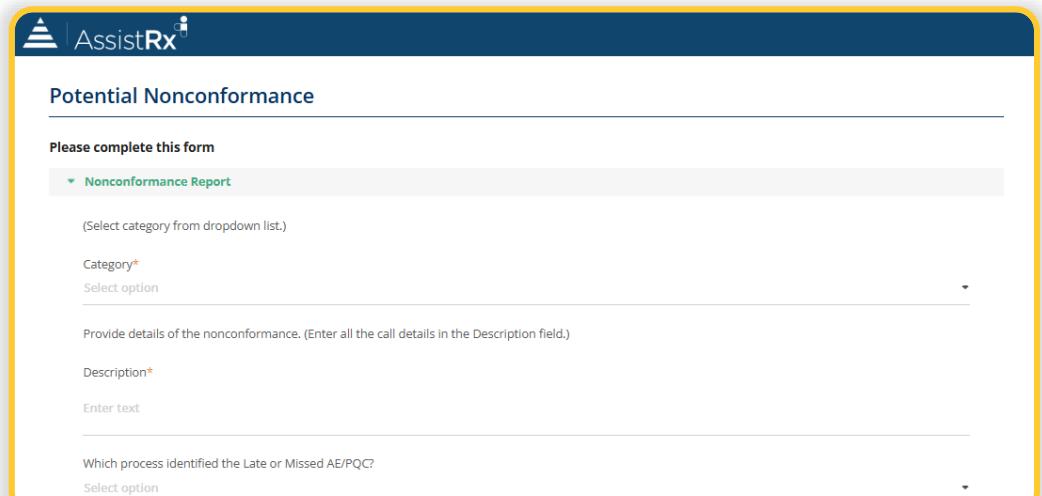
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Protecting PHI: Reporting Noncompliance

Who to notify and how to report:

- Notify your lead or manager immediately.
- Managers will complete the Nonconformance Form for any potential HIPAA breach.



The screenshot shows a web-based form titled "Potential Nonconformance" from the "AssistRx" platform. At the top, it says "Please complete this form". Below that is a dropdown menu labeled "Nonconformance Report". A note says "(Select category from dropdown list.)". Under "Category*", there is a placeholder "Select option". Below the category section is a large text area labeled "Provide details of the nonconformance. (Enter all the call details in the Description field.)". This area has a placeholder "Description*" and a "Enter text" button. At the bottom of the form, there is a question "Which process identified the Late or Missed AE/PQC?". A "Select option" button is provided for this question.



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

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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?