COMPLIANCE COMMITTEE/DEPARTMENT HEAD TRAINING
HIPAA

FACILITY NAME: _____

PRESENTED BY: _____ **ON** _____

1. Reviewed required elements of a Compliance Program
2. Provided an overview of HIPAA regulations
3. Provided an explanation of what information is considered to be PHI and the mediums that can be considered PHI (e.g. verbal, written, or electronic e-PHI)
4. An explanation of allowable uses and disclosures of PHI, for Treatment, Payment, or Healthcare Operations.
5. Some examples of incidental uses of PHI which are allowed
6. Restrictions and unallowable uses of PHI, including the minimum necessary restriction
7. Disposal guidelines for PHI, including e-PHI
8. Breach reporting and what do if a breach is suspected.
9. Common risk areas, including unlocked computers, papers or binders left unattended, unencrypted emails, portable devices
10. Other areas discussed include
    o Texting guidelines
    o Phishing scams
    o Social media guidelines
    o Restrictions on audio/visual recordings
11. Due to the large amounts of PHI and e-PHI used in the facility, it is inevitable to have instances in which there is a concern about a breach or impermissible use of PHI or e-PHI. Supervisors should encourage their staff to report problems and concerns so they could be properly addressed. Questions should be addressed to supervisors, the Compliance Officer, or the HIPAA Privacy and/or Security Officers. The anonymous Compliance Hotline may be used.

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Please send in completed Sign-in Sheet to trainings@compliancecg.com