



Protecting Patient Privacy

It's Everyone's Responsibility

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General Orientation

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Hippocratic Oath



What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, **I will keep to myself, holding such things shameful to be spoken about.**

Hippocrates, 646 BC

Regulations

NYSDOH – *New York State Department of Health* – privacy and confidentiality regulations in place since 1987.

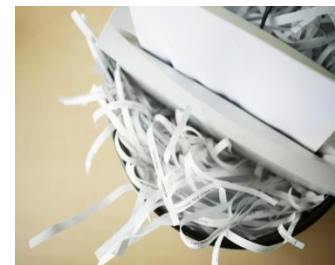
HIPAA – *Health Insurance Portability and Accountability Act* – Requires providers, as well as their Business Associates, to ensure confidentiality and security of Protected Health Information (PHI).

HITECH – *Health Information Technology for Economic and Clinical Health* – Addresses the privacy and security concerns associated with the electronic transmission of health information.



Protected Health Information (PHI)

- Health or demographic information that identifies the individual
- OR if there is a reasonable basis to believe the information can be used to identify the individual.
- Created, received, maintained or transmitted in any medium – paper, electronic, oral.
- Verbal-discussions in person, ex. phones, nurses stations, hallways, behind curtains, elevators, cafeteria, grocery store
- Written – on paper, ex. Chart, prescriptions, discharge instructions, orders, requisitions, claims, SCRAP paper
- Electronic – computers, EHRs, Email, Dictation systems, fax, Ipads, phones, laptops, etc

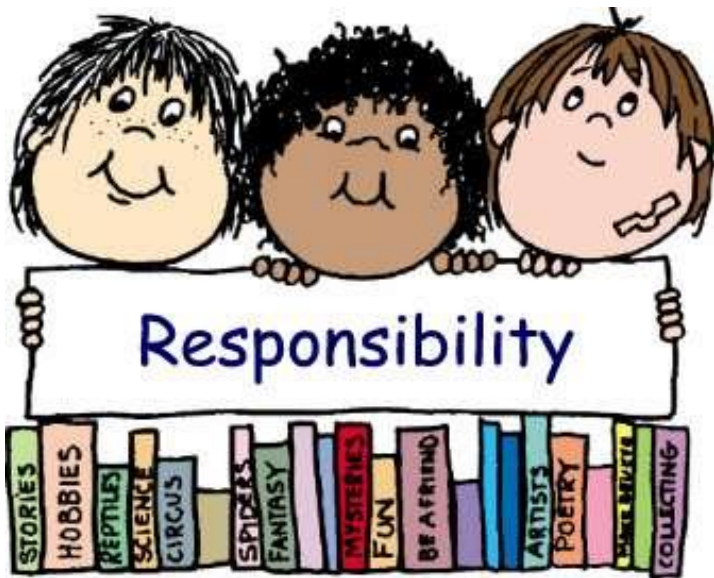


TRUST



- Quality of care is compromised.
- Conditions may go undetected or untreated.
- Do not seek treatment with us at all-\$\$\$
- Protect our reputation
- Health Information may not be complete and accurate.
- Social media impacts

Your Responsibilities



- Curb human nature – curiosity and sharing
- **Respect** and be committed to the patient's right to privacy
- Know and abide by OHH's policies and procedures (**in workgroups – policy index**)
- Take great care with patient's info, ex discharge instructions
- Do not inflict your values on patients.
- Take care to minimize risk of unnecessary disclosure
- Check and Double Check Fax #'s
- Keep desk, printer, fax machines clear of PHI

Your Responsibilities, cont'd:

- Only have access to info that you have a NEED TO KNOW to do your job
- Report any concern regarding privacy
- Be very careful when scanning documents into the EMR to ensure you are indexing it to the correct patient.
- Be cognizant of who is involved with the patient's care – friends and family
- Do not have conversations in public places, internally or externally.
- No Social Security Number disclosure
- Create a culture of trust
- AWARENESS



Patient Identifier Examples

- Name
- Medical Record & Account Numbers
- Social Security Number
- Addresses via Google Search
- Health Plan Numbers
- Photographs
- Date of Birth
- Telephone Numbers
- Email addresses
- Internet protocol addresses
- Web universal resource locators (URL)
- License / Certification numbers



Minimum Necessary Principle

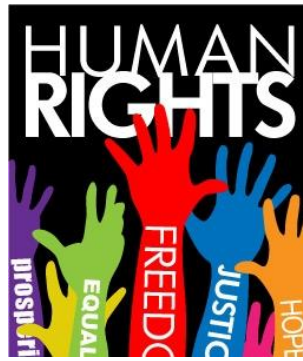
- When using, requesting or disclosing PHI - make reasonable efforts to limit the PHI to the **minimum necessary** to accomplish the intended purpose of the use, disclosure or request.
- Only have access to the **minimum** amount of information **necessary** to do your job (Role Based Access) – “Need to Know”

***PLEASE NOTE: You are not allowed to use your computer log in to access your own medical record or that of your family or friends. It is only for employment purposes. You may gain access to your medical records using Patient Portal access.

Safeguarding PHI

- Discussing PHI
- Seeing a patient on the outside
- Talking with friends after work
- Media
- Unattended Computers – do not leave them logged in or leave laptops available to patients or families.
- Delivery of records
- Transporting offsite
- Interoffice Mail
- Paper on printers/fax
- Disposal
- Giving Discharge Instructions
- Posting on white boards.





PATIENT RIGHTS

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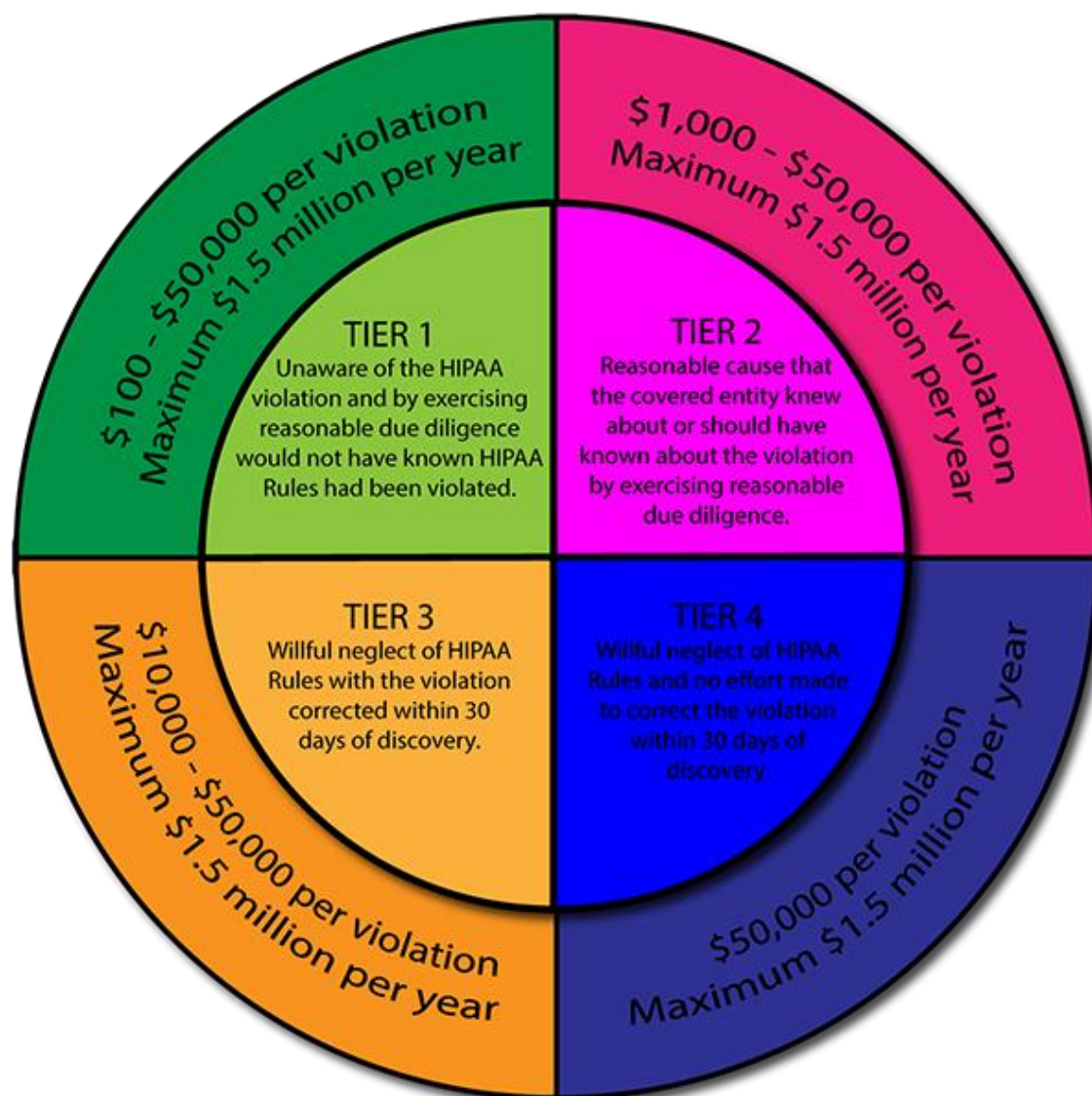
ONEIDA HEALTH
RESPONSIBILITIES

Patient's Rights

- Right to access, inspect and obtain copy of their health record
- Right to Amend – challenge the accuracy of their record
- Right to an accounting of disclosures
- Right to request a restriction
- Right to alternative communications
- Right to receive OHH's Notice of Privacy Practices (NOPP)
- Right to file a complaint



HIPAA Violation Penalties



- Violations of any law, regulation, or OHH policy can result in disciplinary action, up to and including termination according to HR 11 Discipline Policy and CC 16-30 Corporate Compliance Progressive Disciplinary Policy.
- OHH may not intimidate, threaten, discriminate against or retaliate against anyone, who in good faith, reports a violation.



Your Point of Contact for Everything Privacy

OHH's Privacy Officer

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