



# HIPPA & PRIVACY

Volunteer Required Education

# Protected Health Information (PHI)

To qualify as PHI, information must reasonably *identify an individual* **AND** include a health care component such health history, provision of health care, or payment for health care.

- The combination of an individual's street address and social security number alone **does not** qualify as PHI; however, the combination of an individual's street address, social security number, and diagnosis **does** qualify as PHI.
- The combination of an individual's name and date of birth alone **does not** qualify as PHI; however, the combination of an individual's name, date of birth, and location of care **does** qualify as PHI.

It is your responsibility as a TMC Hospice volunteer to protect all PHI. Anything you see or hear that informs the health or identifying data of a specific patient is PHI.

# Protected Health Information (PHI)

## Identity Information

- Name (Patient or Guardian).
- Date of Birth.
- Social Security Number.
- Address.
- Government ID Number.
- Financial Account Numbers.
- Photographs.



## Health Care Information

- Diagnosis.
- Medical Record Number.
- Location of Care.
- Provider Name.
- Billing information for provision of care.
- Medication Lists.
- Test Results.

DISCLAIMER: Lists for Identity and Health Care Information provide examples only.  
Visit **HHS.gov** for more inclusive information.

# Electronic PHI (ePHI)

PHI maintained in electronic form, either transmitted or stored. Examples:

- Email messages.
- Facsimile transmissions.
- Voicemail messages.
- Text messages.
- Stored images (X-ray, CT, MRI).
- Electronic Health Records.
- Compact discs or floppy disks.
- Audio files.



# Permitted Use or Disclosure

## TPO

- Treatment – Provision, coordination or management of health care.
- Payment – Health plan activities including insurance coverage, billing, and reimbursement.
- Operation – Health care quality assurance, competency assessment, business planning, and medical or legal reviews.

## Public Interest

- Patient or Patient's Legal Representative.
- Health Care Providers.
- Subpoenas and Discovery Request.
- Communicable Diseases as Required by Law.
- Workers' Compensation.



# Disclosures Requiring Authorization

## PHI Types

- Psychotherapy Notes.
- Certain Communicable Disease Information.
- Genetic Testing.
- Alcohol and Drug Abuse Information.

## Receiving Parties

- Family members other than a legally authorized representative.
- Health care providers not involved in current care.
- Fundraising committees or agencies.
- Marketing committees or agencies.
- Legal representatives (other than disclosures required by law).
- Employers.
- Educational institutions.
- Life insurance companies.

Exceptions defined in TMC Health policies and procedures.

## Multiple Choice

The following are permitted uses and disclosures for PHI, EXCEPT:

- ☒ A) Marketing – Development of hospital marketing strategies to promote health care services.
- ☐ B) Payment – Health plan activities including insurance coverage, billing, and reimbursement.
- ☐ C) Treatment – Provision, coordination or management of health care.
- ☐ D) Operations – Health care quality assurance, competency assessment, business planning, and medical or legal review.

# Notice of Privacy Practices

To comply with HIPAA requirements, TMC Health provides all patients with a Notice of Privacy Practices. This notice explains:

- How TMC Health uses and discloses PHI.
- Patient rights under HIPAA.
  - Right to access own health records.
  - Right to request an addendum to health records.
  - Right to remain anonymous in the hospital directory.
  - Right to restrict the release of PHI.

TMC Health provides the Notice of Privacy Practices:

- On admission or at the time of service.
- Whenever requested.
- To personal representatives whenever a patient cannot consent.
- By posting the Notice of Privacy Practices conspicuously in patient registration areas.
- In print throughout hospitals and clinics.





# Patient Rights & Responsibilities

The HIPAA Privacy Rule gives patients, and their legally authorized representatives, certain rights. These rights include:

- **Access.** Review and obtain a copy of their PHI.
- **Amendment.** Have their PHI amended in a designated record set when that information is inaccurate or incomplete.
- **Accounting of Disclosures.** An accounting of the disclosures of their PHI by a covered entity or the covered entity's business associates outside of treatment, payment, or health care operations.
- **Restriction Request.** Request that a covered entity restrict use or disclosure of PHI.
- **Confidential Communications.** Request an alternative means or location for receiving communications by means other than those that the covered entity typically employs.

## Minimum Necessary

Limit the use and disclosure of PHI to the minimum necessary to satisfy the authorized request or complete the task.

- **! Exception:** For treatment purposes, no limitations apply.

Restrict the use and disclosure of PHI to those activities within the scope and duties of required work.



# TMC Health Policy

- Adhere to all HIPAA regulations.
- **ALWAYS VERIFY A MINIMUM OF TWO IDENTIFIERS.**
  - Over the phone.
  - During Registration and Scheduling.
  - Prior to distributing PHI (paper, verbal, electronically).
  - During any data entry.
- Only access PHI within the scope and duties of work.
  - TMC Health **prohibits** Workforce Members from *searching, viewing* or *accessing* their own medical records using work-issued access.
  - TMC Health **prohibits** Workforce Members from *searching, viewing* or *accessing* the records of family members, including own minor children, using work-issued access.



**TMC Health monitors user PHI access and activity.**

## True/False

TMC Health policy prohibits searching, viewing or accessing your medical record or a family member's medical record using work-issued Electronic Medical Record (EMR) credentials.

- ☒ A) True
- ☐ B) False



# Security Tips

- Take extra care to protect user IDs and passwords and never share them with others (don't write them down!).
- Create strong passwords.
- Change passwords often (or as required)
  - Ensure doors to secure areas close and lock behind you.
- Log off software and workstations before stepping away.
- Never disable password-protected screensavers.
  - Never leave PHI unattended when unsecured.
  - Dispose of documents containing PHI in designated locked, shred bins.



FOR VOLUNTEERS WITH TMC SYSTEM EMAIL AND INTERNET ACCESS



# HITECH and HIPAA

## HITECH Breach Notification

- Required reporting of PHI breaches to affected individuals.
- Required reporting of PHI breaches to the media if the breach affects 500 or more individuals.
- Business associates required to report PHI breaches to covered entities.

# HITECH and HIPAA

## HITECH Breach Notification

- Maintain records of all PHI disclosures made outside of TPO for a minimum of six years.

# Where to be diligent!

- Only those health care providers involved in the patient's care have the right to information
- Most commonly, breaches of confidentiality occur by casual talk; remember to consider the location of any conversations you may have with a patient or staff member.
- Sending sensitive information by fax machines also is common. Breaches in confidentiality can occur if the wrong number is dialed, or the wrong person might receive it even if the correct number is dialed.
- Email may not be secure unless certain security measures are in place.
- Remember, **confidentiality is critical!**

# Do's & Dont's

- Avoid discussing patients and health information in public areas.
- As volunteers, remember that your family/friends are not involved in the care and are prohibited from having information considered PHI.
- **Never combine Identity & Healthcare Information together in emails/texts**  
If you are using your personal cellphone or email address, **NEVER** email or text anyone with specific, identifying patient PHI that includes, diagnosis, medical record number, location of care, provider name etc. **AND** Identity type information together (patients name, date of birth, address, photographs etc).  
  
*EXAMPLE: Using patient name only in email or text communications is acceptable if you aren't disclosing any diagnosis or location of patient.*
- If you are using paperwork with PHI printed on it keep it out of view of non-interested parties (turn over, put other paperwork on top, put in a drawer etc.)
- Be sure to shred all papers with patient identifiers on them when you are done using them. It needs to be shredded, not in a general wastebasket where someone unintended could see it.
  - **Inpatient Volunteers:**
    - After your shift, be sure to place the census printout into the shredder box on your way out.
    - Always put food tray patient tickets in the shredding box
  - **Homecare Volunteers:** When an assignment is complete (usually after a patient dies) be sure to shred the patient information paperwork. Feel free to bring it by our office and use our shredder box if needed.

# Do's & Dont's

## INPATIENT UNIT – Peppi's House

- If someone asks for a patient BY NAME, don't immediately escort them to the room without knowing if the patient/family are expecting visitors or not.
- Be sure to look at the patient board in the nurse's station or check in with the nurses for patient status at the start of your shift.
  - If a patient is labeled NPNS (No Publish No Show) and someone comes to visit this patient, your immediate response needs to be "We don't have a patient here by that name." **Be firm about this!** If there are problems have them wait away from patient rooms and get a nurse or supervisor them to talk to.
  - There may be a password set up by family so some are able to visit. So, if they respond with a password, the safest thing to do is have the front desk handle it or the nurse assigned. If you were expecting them and they gave you the password, go ahead and bring them to the room.





## Reporting & Resources

**Help prevent and detect fraud, waste, and abuse by reporting concerns.**

To report to TMC Health:

- 24/7 Compliance Hotline: 1-877-635-4645.
- 24/7 Web Reporting Portal:  
<https://www.integrity-helpline.com/tmc.jsp>
- Compliance Officer: 1-520-324-1962.

To report to the Federal Government:

- The Department of Health and Human Services Office of Inspector General Hotline: 1-800-HHS-TIPS

**Review available resources for guidance.**

- Compliance policies and procedures.
- HIPAA policies and procedures.
- Contact Compliance personnel.
- Workforce Members are expected and required to report suspected compliance violations.

**TMC Health enforces a zero-tolerance non-retaliation policy for legitimate reports of suspect activity or privacy breaches.**

# THANK YOU!

Please complete this exam and acknowledgement to complete this education

<https://forms.office.com/r/ecb8Wy2yPQ>

2025 HIPPA & PRIVACY

