WORLDWIDE TRAVEL STAFFING
Professional Staffing For The Professional Healthcare Industry

HIPAA Privacy Self-Study

This self-study packet serves as a review of important Health Insurance Portability and Accountability Act ("HIPAA") requirements.

Please read these materials and complete the test that follows. You will need to return the quiz, as instructed on the answer sheet, after you have completed it. If you have read these materials, you should have no trouble completing the quiz.

The objectives of the HIPAA training are as follows:

- To heighten your awareness of and commitment to HIPAA regulations
- To reinforce the role you play in creating and maintaining organizational integrity, ethics, and compliance
- To renew your working understanding of HIPAA requirements

Reporting Concerns

There will be no retribution for asking questions, raising concerns about the Code of Conduct, or for reporting possible improper conduct that is done in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague will be subject to reprimand and/or termination.

We encourage the resolution of issues at the local level whenever possible. To obtain guidance on an ethics or compliance issue or to report a potential violation, you may choose from several options:

- Consult your Staffing Manager
- Consult your Office Manager
- Consult your company's Ethics Coordinator

Any one of these options is an easy and anonymous way to report possible violations or obtain guidance on an ethics or compliance issue. You are encouraged to use these options anytime. In order to properly investigate reports, it is important to provide enough information about your concern.

Information Security

<u>IDs and Passwords</u>

Patient Financial Information, Clinical Information, and User Passwords are all examples of confidential information. A User ID without a password is not confidential and is frequently included in directories and other tools widely available. The person granting access to a system or application typically assigns a User ID to the end user. The User ID is used for identification, tracking and other maintenance procedures.

If you have access to information systems, please keep in mind that your password acts as an individual key to the facility's network, critical patient care and business applications. It must be kept confidential.

It is Worldwide Travel Staffing, Limited's policy and procedure for each employee to learn about and practice the many ways that one can help protect the confidentiality, integrity, and availability of electronic information assets.

Confidential Information

A patient's diagnosis, the facility's marketing strategy and computer network configurations are all considered confidential information. Individuals with access to confidential information will not discuss or disclose any confidential information even after assignment, shift, or contract is completed and/or employee termination.

No Worldwide Travel Staffing, Limited colleague or healthcare partner has a right to any patient information other than that necessary to perform his or her job.

Although you may use confidential information to perform your function, it must not be shared with others unless the individuals need to know this information and have agreed to maintain the confidentiality of the information.

Patient or Confidential information should not be sent via email. If it is necessary to send patient information to a business associate outside of the assigned facility, arrangements other than email must be made.

Privacy

HIPAA and its implementing regulations set forth a number of requirements regarding ensuring the privacy of protected health information (PHI).

HIPAA requires healthcare entities to appoint a facility privacy official (FPO). The FPO in a facility oversees and implements the privacy program and works to ensure the facility's compliance with the requirements of the HIPAA standards for privacy of individually identifiable health information. The FPO is also responsible for receiving complaints about matters of patient privacy. Worldwide Travel Staffing, Limited recommends that each employee assigned to a facility become familiar with that facility's designated FPO.

HIPAA regulations contain several restrictions on the transmission of PHI; however, they do not prevent faxing or mailing health information, as long as certain precautions are taken. The regulations do mandate that health information not be sold by a facility.

The Notice of Privacy Practices must be made available to all patients and posted on the facility's web site (unless the facility does not have a site). The consent form language must refer to the notice. Patients need to sign an acknowledgement form confirming receipt of the notice.

Patients have the right to access any health information that has been used to make decisions about their healthcare at any facility. They can also access billing information. They may review their paper chart (supervised) or be provided a hard copy.

A patient may have access to all the records in the designated record set. This record set includes any information that is maintained, collected, used, or disseminated by a facility to make decisions about individual care. The paper record is the legal medical record, and a copy should be provided upon

request (electronic access is not appropriate). A patient may be denied access under certain circumstances (e.g., when a person may cause harm to him or herself or others, or when protected by peer review). The designated facility FPO has more information on the right to access.

A patient may add an amendment to any accessible record for as long as the record is maintained by a facility. The request for amendment should be made in writing to the facility. The designated facility FPO should have all necessary information regarding the right to amend.

While patients have a right to amend their record, that does not mean that health information can be deleted from the record. The patient may submit an addendum correcting or offering commentary on the record, but no information may be deleted from the record.

Everyone is responsible for protecting patients' individually identifiable health information. Any piece of paper that has individually identifiable health information on it must be disposed of in appropriate receptacles. The paper must be handled and destroyed securely. The elements that make information individually identifiable include: name, zip or other geographic codes, birth date, admission date, discharge date, date of death, email address, social security number, medical record/account number, health plan ID, license number, vehicle identification number, and any other unique number or image.

HIPAA privacy regulations do not prevent facilities from storing the medical record at the patient's bedside. However, the facilities must implement reasonable safeguards to protect an individual's privacy. Possible safeguards may include limiting access to the area by non-employees or placing patient charts in holders with the identifying information facing the wall.

Any member of the workforce with a legitimate need to know, in order to perform their duties, may access a patient's health information. However, the amount of information accessed should be limited to the minimum amount necessary to perform their job responsibilities.

The hospital information desk or volunteers should have a directory or listing of patients containing only patient name, room/location and condition in general terms. Patient diagnosis or procedures should not be released. In addition, this information may not be released about confidential patients or patients who requested not to be listed in the directory or have their whereabouts disclosed.

A list of patients may be provided to clergy. The lists should consist of the patient name, room/location, and may include patient condition in general terms. The list should be restricted by religion, and not include confidential patients. Confidential information such as social security numbers should not be included. If you have any questions or concerns regarding the release of lists to clergy, please seek out the facility FPO.

HIPAA Privacy Self-Study Test

1. **<u>True or False</u>: A Facility Privacy Official is usually assigned to implement, monitor and serve as a resource person for HIPAA related concerns.**
    a. True
    b. False

2. **Which of the following is <u>NOT</u> confidential information?**
    a. Patient financial information
    b. General information about the hospital's computer system
    c. Clinical information

3. **A patient's health records can <u>NOT</u> be:**
    a. Faxed to a physician who has authorization
    b. Mailed to another hospital when authorized by an appropriate patient signature
    c. Sold to the media or general public

4. **Which of the following is the <u>ONLY</u> piece of information you can disclose while off duty?**
    a. The name of the hospital you work at
    b. A patient's name who has been newly admitted
    c. The diagnosis of a patient who is of public interest

5. **Who is responsible for protecting patients' individually identifiable health information?**
    a. Chief Executive Officer
    b. A Staff Nurse
    c. A Physician
    d. All of the above

6. **Patient information may be released to which of the following?**
    a. The patient's brother
    b. The patient's next-door neighbor
    c. A Physician, nurse or other authorized clinician doing an ordered procedure
    d. A friend of the patient

7. **<u>True or False</u>: Any employee with the ABILITY to access patient records has the RIGHT to view and openly discuss the file, even if it does NOT pertain to their job description.**
    a. True
    b. False

8. **<u>True or False</u>: Patient information may be routinely sent via email, regardless of restrictive security limitations in the hospital policy manual.**
    a. True
    b. False

9. **A patient listing routinely given to a member of the clergy with the patient's authorization may NOT include the:**
    a. Patient's name
    b. Patient's social security number, home address and banking information.
    c. Patient's room number

10. **Whom may patient information be shared with, even if the patient has NOT specifically authorized the release of information to the individual?**
    a. A former physician of the patient who is concerned about the patient
    b. A colleague who has been assigned to care for the patient on the unit
    c. A friend of the patient
    d. A pharmaceutical salesman offering free samples of his product

11. **<u>True or False</u>: Since the Health Insurance Portability and Accountability Act was created to ensure the privacy of protected health information. The rules about what information can be shared have become much more specific and restrictive than prior to the act being finalized.**
    a. True
    b. False

12. **<u>True or False</u>: Clinical information can be shared with those who are directly involved and assigned to the care of a patient.**
    a. True
    b. False

13. **<u>True or False</u>: HIPAA privacy regulations prevent facilities from storing the medical record at the patient's bedside.**
    a. True
    b. False

14. **<u>True or False</u>: It is an important part of our jobs to learn and practice the many ways we can help protect the confidentiality, integrity, and availability of electronic information, as well as physical documents.**
    a. True
    b. False

15. **<u>True or False</u>: Patients have a right to ask a physician questions about their treatment plan and other components of the Patient's Bill of Rights.**
    a. True
    b. False

16. **When is it appropriate to access patient information?**
    a. When doing so is essential for patient care by an authorized practitioner
    b. Just because you are curious
    c. You are a relative of the patient

17. **If an employee has medical testing in a facility, the appropriate way for him or her to access their own test result is:**
    a. To complete a release form and request a copy of the results
    b. Check the computer system absent authorization for his or her results
    c. Pressuring a fellow employee to access the results and subsequently looking over his or her shoulder
    d. Call a friend in the department where the test was done and demanding the results for the employee

18. **<u>True or False</u>: Patient information which is confidential may be routinely sent through the Internet absent cautions or security measures of any type.**
    a. True
    b. False

19. **Patient information is considered confidential if which of the following elements are included:**
    a. Name and Social security number
    b. Diagnosis and prognosis
    c. Fingerprints and banking information
    d. All of the above

20. **<u>True or False</u>: All responsive and alert patients are offered the opportunity to review and sign the facility's Notice of Privacy Practices form.**
    a. True
    b. False

21. **<u>True or False</u>: Only Physicians may access patient charts and other health information.**
    a. True
    b. False

22. **<u>True or False</u>: Each facility will designate a specified individual to act as the Facility Privacy Official to oversee and implement the Privacy Program. Questions about privacy should be directed to that individual in the event of a dispute or a conflict of opinions among the other staff.**
    a. True
    b. False

23. **A visitor who asks for a patient by name may NOT receive which of the following information:**
    a. Patient name
    b. Patient location
    c. Patient diagnosis

24. **<u>True or False</u>: Copies of patient information may be disposed of in any garbage can in the facility or anywhere convenient on the hospital premises, including outdoor receptacles.**
    a. True
    b. False

25. **<u>True or False</u>: It is the responsibility of EVERY practitioner to respect a patient's right to confidentiality and dignity throughout the patient's hospital stay.**
    a. True
    b. False

Abuse Prevention Self-Study

Abuse and resident neglect are two of the most serious situations that can occur in a facility setting. All staff members, especially nursing and direct care support staff, need to be aware of the problem and, more importantly, understand the dangers of abuse and neglect, as well as the potential consequences.

Every facility must do all that it can to protect residents from abuse and neglect. Residents have the right to be free from any verbal, sexual, physical, or mental abuse. Nursing and direct care support staff play a critical role in protecting residents from abuse and neglect, as they are on the front line of care in healthcare facilities.

Nursing and direct care support staff can prevent abuse and neglect by recognizing the signs of stress that can lead to abuse. Nursing and direct care support staff will also learn the signs of resident abuse, the signs of neglect, and how to report abuse and neglect.

The definition of abuse covers any mistreatment or neglect of a patient. Everyone has the right to be treated with respect. The following are some of the ways in which patient abuse or neglect may occur within healthcare facilities. Please be vigilant and watch for the following behaviors in order to prevent abuse and neglect while working for Worldwide:

- **Psychological abuse:** Causing emotional or psychological pain, whether through isolation, verbal abuse, threats, or humiliation
- **Neglect:** Failing to provide something necessary for health and safety, such as personal care, food, shelter, or medicine
- **Physical abuse:** Using physical force to cause pain or injury
- **Rights violations:** Confining someone against his or her will, or strictly controlling the patient's behavior, including improper use of restraints and medications to control difficult behaviors
- **Financial abuse:** Stealing or mismanaging the money, property, or belongings of a resident, also known as exploitation
- **Sexual abuse:** Forcing sexual contact without the resident's consent, including touching or sexual talk of any nature
- **Overmedication**
- **Dirty living conditions**

Please read the statements on the following page. If you believe that a statement is true, please select "a" for True in the provided space. If you believe that a statement is false, please select "b" for False in the provided space.

Abuse Prevention Self-Study Test

1. **"Abuse" is intended to be defined in the broadest sense of the word. Abuse can be physical, verbal, or mental. Abuse may be the reason for injuries of unknown origin. Abuse may sometimes be sexual in nature or involve other forms of exploitation.**
    a. True
    b. False

2. **Investigation must follow all claims of abuse. The first step will be an internal investigation, usually directed by the facility's administrative staff. In some cases, local law enforcement or other outside bodies may conduct a concurrent or subsequent investigation.**
    a. True
    b. False

3. **Employees may be suspended while an investigation is ongoing, even if the claim is thought to be baseless. This action is often a matter of standard policy and intended to ensure that patients are protected from any form of retaliation.**
    a. True
    b. False

4. **Not all healthcare workers are required to report abuse when suspicion indicates. Some healthcare workers can look the other way, especially when the offending co-worker is a friend.**
    a. **True**
    b. **False**

5. **A bruise of unknown origin must be reported to a supervisor immediately upon first detection.**
    a. **True**
    b. **False**

6. **If a bruise worsens or additional bruising occurs with the same patient, it does NOT need to be reported.**
    a. **True**
    b. **False**

7. **Staff must always be observant and watch for signs of abuse. Staff have a duty as direct care givers to remain diligent and alert.**
    a. True
    b. False

8. **In addition to pre-hire abuse prevention training, staff should update their knowledge when offered in-service training or other educational opportunities.**
    a. True
    b. False

9. **Routinely and/or repeatedly leaving residents in wet sheets or soiled adult diapers for prolonged periods may possibly be a form of abuse.**
    a. **True**
    b. **False**

10. **Abuse detection and prevention is a continuing duty and responsibility of every direct caregiver.**
    a. **True**
    b. **False**