

# **Employee Acknowledgement - Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

#### **HIPAA FAST FACTS**

#### What is HIPAA?

HIPAA is a federal law that you need to know about as a part of your job with the Tennessee Department of Children's Services.

The Health Insurance Portability and Accountability Act of 1996 Public Law 104-191 (HIPAA) was passed by Congress to reform the insurance market and simplify health care administrative processes. The Act establishes federal rules to standardize "transaction and code sets" used to transmit protected health information. These rules also protect the "privacy" and "security" of protected health information.

### Will HIPAA Affect You?

If you handle information that pertains to a service recipient you will be affected by HIPAA; more specifically, if you have any contact with "protected health information" you will have to comply with HIPAA. Also, if you are involved with health care billing, you will also be affected by HIPAA.

#### HIPAA WILL AFFECT EVERY EMPLOYEE WHO HAS ACCESS TO "PROTECTED HEALTH INFORMATION"

#### What is Protected Health Information?

Protected health information (PHI) is individually identifiable health information that is transmitted or maintained, in any form or medium, by an entity covered under HIPAA administrative simplification regulations.

Individually identifiable health information, including demographic information, whether oral or recorded in any form or medium that:

- 1. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school/university, or health care clearing house in the normal course of business; and
- 2. Relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of health care to an individual.

If you keep or maintain health information that also contains any one of the following items, that health information is considered to be individually identifiable:

- Name
- Medical Record Number
- Address
- Employer
- SSN
- Date of Birth

- Name of Relatives/Household
- Account/Health Plan Number
- Telephone Numbers
- Vehicle or Other Device Serial Number
- Certificate/License Number

- Fingerprint
- Fax Number
- Photograph
- E-mail Address/URL/IP



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Pages 1-3: Fast Facts — Employee File / Page 4 Signature Page — Employee File

CS-0731 Rev: 09/16



# **Employee Acknowledgement - Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

# What do the Privacy Rules Cover?

The privacy regulations address who has access to "protected health information" and the rights of individuals to keep information about themselves from being improperly disclosed. This rule protects information that is written, spoken or in electronic form. In our day-to-day jobs of providing services to persons we have access to very private information about service recipients that we need to do our jobs. We must heighten our awareness of who can see and/or hear information about a service recipient. We must be mindful that we only access information that is necessary to do our job and to discuss only that information with others who have a "need to know" to do their jobs.

# What do the Security Rules Cover?

Security regulations address the ability to control access to "protected health information" and how we are able to protect this information from accidental or intentional disclosure to unauthorized individuals, alteration, destruction or loss of the information. Under HIPAA, security standards have been instituted for all service recipient specific information stored and/or transmitted.

# How can DCS staff protect PHI?

- Close doors or draw privacy curtains/screens
- Conduct discussions so that others may not overhear them
- Don't leave medical records where others can see them or access them
- · Medical test results only shared on a need to know basis
- PHI info should NOT be shared or viewable in public areas
- Don't leave copies of PHI at copy machines, printers, or fax machines.
- Don't leave PHI exposed in mail boxes or conference rooms.
- Don't share computer passwords or leave them visible
- Don't leave computer files open when leaving unlocked or shared work area
- Secure PHI when no one is in the area, lock file cabinets and office doors
- Safeguard PHI when records are in your possession
- Return medical records to appropriate location
- Dispose of paper containing PHI properly
- Fax only if according to agency policy
- Email with individuals' identifiable information (1st name, last initial ok)
- Do not leave PHI in any public wall file trays unless enclosed in an interoffice envelope
- Do not leave PHI for shredding in unlocked/undesignated area
- Do not place individuals' full names on desk blotters
- Do not leave Rolodex files containing PHI accessible
- Do not leave individual/employee PHI lists publicly posted
- Do not leave records opened and unattended
- Do not bring personal computers for use to work
- Do not leave state keys unattended



Rev: 09/16 kidcentral tn RDA SW03



# **Employee Acknowledgement - Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

## What Happens if You Don't Comply with the HIPPA Requirements?

There are civil and criminal penalties for non-compliance.

- \$100 per violation up to \$25,000 per year (this is per requirement and there are hundreds of requirements.)
- Offense with intent to sell information: \$250,000, imprisonment of not more than 10 years, or both.
- Wrongful Disclosure offense: \$50,000, imprisonment of not more than 1 year, or both.
- Offense under false pretenses: \$100,000, imprisonment of not more than 5 years, or both.

# How are Child Welfare Agencies Affected?

Public and private child welfare agencies can be required to comply with HIPAA, especially if involved through contractual arrangements in service delivery networks. DCS contracts with TennCare, our state Medicaid agency, to provide Targeted Case Management to children in or at risk of entering DCS custody. In this role, DCS functions as a provider. DCS also receives TennCare funding for placement levels two, three, and four in the DCS network of private contract agencies. In this role, DCS functions as a health plan (i.e. managed care organization) for TennCare eligible children in DCS custody.

### Who to Contact?

If you have questions or need more information, contact your regional HIPAA Privacy Officer. For legal questions pertaining to HIPAA, contact

Mary Jane Davis, Senior Counsel in the DCS General Counsel's Office 615-308-1214

Mary.Jane.Davis@tn.gov

## **HIPAA Complaints**

The DCS office of Custody Relations receives and investigates complaints pertaining to HIPAA. **Customer Relations - TN.Gov** 

### Contact the DCS Customer Relations Unit

**Toll Free:** 1-800-861-1935

**Email:** DCS.Custsrv@tn.gov **Mail:** Department of Children's Services

Customer Relations Unit UBS Tower, 9<sup>th</sup> Floor 315 Deaderick Street Nashville, TN 37243



Rev: 09/16

RDA SW03



# Employee Acknowledgement - Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Edison Employee

# EMPLOYEE ACKNOWLEDGEMENT HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

By signing below, I am acknowledging my <u>awareness</u> of the requirements of the <u>Health</u>

<u>Insurance Portability and Accountability Act (HIPAA) of 1996</u> and that I have <u>read</u> and agree to comply with <u>HIPAA</u> and have read the <u>DCS HIPAA Fast Facts</u>.

I further acknowledge and understand that, as a State employee, contract employee, intern, or volunteer with DCS, I am prohibited from releasing any protected health information (PHI) which may come to my attention in the course of my duties to any unauthorized person.

Moreover, I acknowledge and understand that any breach of confidentiality, client or otherwise, resulting from my written or verbal release of health information or records provides grounds for disciplinary action, which may include my immediate termination as an employee of the department or immediate termination of my contractual or volunteer relationship with DCS

ID Number:	Employee's Name:
Date:	Employee's Signature:
Date:	Human Resource



Officer's Signature: