

## **UCLA Healthcare**

David Geffen School of Medicine at UCLA  
Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA  
Santa Monica UCLA Medical Center and Orthopedic Hospital  
UCLA Faculty Practice Group

### **Processes to Ensure Visitors, Students, or Other Observers are HIPAA – Compliant and Maintain the Privacy of UCLA Patients**

The observation of a procedure or other type of provision of care by a visitor, student or other observer falls under the UCLA mission of education and therefore, becomes part of our healthcare operations. We believe that the patient has a right to know that a visitor, student or other observer is not a UCLA workforce member, and the patient has no obligation to share their PHI in the presence of the visitor/student/observer; the patient will not be treated differently if they refuse.

There are safeguards put in place to protect the health and privacy of our patients. The following checklist and related documents fulfill our requirements for allowing visitors within UCLA. Please retain the original documents in the host/sponsor's office and send a copy of the checklist to the Office for Compliance and Privacy at CHS 12-233.

1. The host/sponsor should write a short description of the purpose of hosting the visitor at UCLA, including how UCLA will benefit from the visit.
2. The host/sponsor must obtain the appropriate Visitor badge from Security or the Information Desk.
3. A health screening questionnaire attached as Exhibit A should be completed and reviewed with the host/sponsor and if there are any questions answered in the affirmative, please consult Employee Health before proceeding with the visit.
4. The visitor should review the Code of Conduct policy and confirmation document (<http://www.mednet.ucla.edu/compliance/Handbook.asp>) and sign the Confidentiality Agreement attached as Exhibit B. Both must be reviewed and signed before the visitor can be exposed to PHI. The host/sponsor should discuss with the visitor to ensure full understanding.
5. The visitor must review the HIPAA guide, which is included as Exhibit C, before seeing patients. The host/sponsor should discuss with the visitor to ensure full understanding.
6. The visitor always must be under the supervision of the host/sponsor, or his/her designee. Visitors are not permitted to wander about the hospital unaccompanied. Before disclosing PHI to the visitor, the host/sponsor must:
  - a. Explain to the patient that the visitor *is not a member of the UCLA workforce*, and
  - b. Receive a verbal authorization from the patient for the visitor to be present when PHI is discussed, and
  - c. Make a note in the patient's medical record that *the patient understands that the visitor is not a member of the UCLA community* and has given consent for the visitor to be present when PHI is exchanged.

No PHI will be disclosed to the visitor without patient authorization, i.e., the *PHI of patients who are not present to give their authorization, or patients who decline to give permission is off limits!*

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### **Checklists of Process to Ensure Visitors, Students, or Other Observers are HIPAA – Compliant and Maintain the Privacy of UCLA Patients**

Please complete the following. Retain this checklist, plus related documents in the host/sponsor's office AND forward a copy of this checklist only, to the Office for Compliance and Privacy, CHS 12-233.

<b>Host/Sponsor's Name, Title, and Contact Information:</b>  _____
--

<b>Visitor's Name and Organization:</b>  _____
--

<b>Date and/or Duration of Visit:</b> _____
---

- |  |
|--|
| <input type="checkbox"/> <b>Description of Purpose of hosting the Visitor at UCLA, including any benefits to UCLA from this visit.</b> |
|--|

_____ _____ _____ _____ _____ _____ _____ _____
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- |                                       |
|---------------------------------------|
| <input type="checkbox"/> <b>Badge</b> |
|---------------------------------------|

- |  |
|--|
| <input type="checkbox"/> <b>Health Screening Questionnaire Completed</b> |
|--|

- |   |
|---|
| <input type="checkbox"/> <b>Code of Conduct</b>           |
| <input type="checkbox"/> <b>Confidentiality Agreement</b> |

- |   |
|---|
| <input type="checkbox"/> <b>Review of HIPAA Guide</b> |
|---|

- |  |
|--|
| <input type="checkbox"/> <b>Documentation of patient's consent in patient's medical record</b> |
|--|

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## EXHIBIT A

### Health Screening for Observers or those Shadowing within UCLA Healthcare

Welcome to UCLA! In order for UCLA to insure the safety of our patients, clients and staff it is imperative that visitors who are shadowing or observing UCLA healthcare workers be screened from potentially infectious diseases.

**You must have documented immunity from your personal physician** to the following conditions: Measles (Rubeola), Mumps, Rubella (German Measles), and Chickenpox. Documentation of your latest Tuberculosis test that demonstrates you do not have active Tuberculosis is necessary as well.

**PLEASE PRESENT THIS FORM (2 pages) to your PERSONAL PHYSICIAN for completion.**

Name of Observer: \_\_\_\_\_ phone number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
UCLA Sponsor/Host: \_\_\_\_\_  
Contact Info of UCLA sponsoring Host: phone \_\_\_\_\_ pager \_\_\_\_\_  
Dept of UCLA Sponsor/Host: \_\_\_\_\_

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To document **immunity to Measles, Mumps and Rubella** you must check and complete **either Part A or Part B** below:

Part A: Medical documentation showing positive blood titers to: (you must attach documents)

Measles \_\_\_\_\_ result \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  
AND  
Mumps \_\_\_\_\_ result \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  
AND  
Rubella \_\_\_\_\_ result \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

Part B: Medical Documentation showing 2 MMR vaccinations (you must attach documents)

#1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  
#2 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

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To document **immunity to Varicella (chicken pox)** you must check and complete **either Part C or Part D** below.

Part C: Medical documentation showing blood titers demonstrating Varicella immunity. (you must attach documents)

\_\_\_\_\_ result \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

Part D: Medical documentation of 2 Varicella vaccination dosages: (you must attach documents)

#1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date  
#2 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

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To pass the Tuberculosis Screening please complete **either Part E or Part F**:

Part E: The patient had a **negative** PPD test on  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date (must be within the last 12 months)

Part F  The patient had a **positive** PPD test on  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date

**AND**

The chest x-ray report is negative for active TB  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Date (must be within the last 12 months)

**AND**

The patient has completed the UCLA TB Health Status Questionnaire below.

## UCLA TB Health Questionnaire

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

UCLA Sponsor/Host: \_\_\_\_\_

Dept of UCLA Sponsor/Host: \_\_\_\_\_

Please answer all of the questions below:

1. Has your General health been good over the past 12 months.  Yes  No
2. Have you experienced any of the following symptoms in the past year:
  - a. Persistent productive cough?  Yes  No
  - b. Coughing up blood?  Yes  No
  - d. Chest pain?  Yes  No
  - d. Shortness of breath/difficulty breathing?  Yes  No
  - e. Unexplained fever lasting more than 3 days?  Yes  No
  - f. Unexplained night sweats?  Yes  No
  - g. Unexplained sudden weight loss?  Yes  No
  - h. Unexplained fatigue/run down feeling?  Yes  No

If you answered "Yes" to any of the questions above, you need to call your Healthcare Practitioner. You have symptoms of active Tuberculosis (Tb), which is a highly contagious and potentially fatal disease. You will need a Chest X-ray to verify your TB status.

*I have evaluated the above person and certify that he/she is free from Measles, Mumps, Rubella, Varicella, active Tuberculosis, and other infectious diseases that may pose a risk while observing in a medical hospital.*

\_\_\_\_\_  
Signature of Physician (M.D. or D.O.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Physician's phone number

UCLA Compliance Department and Privacy Office

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**All Observers must submit this form (2 pages) to their UCLA hosts/sponsors department for review and clearance.**

### EXHIBIT B

#### CONFIDENTIALITY STATEMENT For Non-Workforce Members

The federal Health Insurance Portability and Accountability Act (“HIPAA”) and its regulations, the California Confidentiality of Medical Information Act and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient. In certain circumstances, HIPAA allows the disclosure of limited patient information in order to carry out treatment, education, research, public health, or health care operations activities without obtaining the patient or subject’s authorization.

***Confidential Patient Information includes:*** Any individually identifiable information in possession or derived from a provider of health care regarding a patient’s medical history, mental or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note this information is defined in the Privacy Rule as “protected health information.”) Examples include but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Computerized patient data;
- Visual observation of patients receive medical care or accessing services; and
- Verbal information provided by or about a patient.

I understand and agree that this document establishes a Confidentiality Agreement between me \_\_\_\_\_ [insert name of Individual] a representative of \_\_\_\_\_ [insert name of employer] and UCLA and sets forth the understanding regarding the protection of any confidential information that Individual may have access to while performing services at UCLA with the following purpose: \_\_\_\_\_

1. I understand that I will be granted access to, or otherwise become acquainted with, the following information (“Information”) relating to UCLA patients:
  - Clinical/medical information
  - Insurance and Billing information

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- Scheduling information
- Visual observation of patients receiving medical care or accessing services
- Other (describe)\_\_\_\_\_

It is understood and agreed that except as required by law, I will use and hold all Information in strict trust and confidence, and will use such information only for the purposes contemplated herein, and not for any other purpose.

2. I acknowledge that it my responsibility to respect the privacy and confidentiality of Information received from UCLA. I will not access, use or disclose patient or other confidential information unless I am authorized or permitted to do so by law or as authorized by the patient I further understand that I am required to immediately report any information about unauthorized access, use or disclosure of confidential patient information to UCLA.
3. I agree to not disclose the Information to any other individuals.
4. Neither the release of any Information hereunder or the act of disclosure shall constitute a grant of any license under a trademark, patent, or copyright or application of the same.
5. I understand and acknowledge that, should I breach any provision of this Confidentiality Statement, I may be subject to civil or criminal liability.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

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## Health Information Portability & Accountability Act (HIPAA)

### ***HIPAA Privacy and Security Rule – Guide for Workforce Members***

#### **Common Abbreviations from the HIPAA Privacy Rule**

<b>BAA</b>	Business Associate Agreement
<b>HIPAA</b>	Health Insurance Portability & Accountability Act
<b>MNS</b>	Minimum Necessary Standard
<b>NPP</b>	Notice of Privacy Practices
<b>PHI</b>	Protected Health Information (18 identifiers)
<b>TPO</b>	Treatment, Payment and Health Care Operations

#### 1. General Background

The purpose of this “guide” is to help you understand what information must be protected under federal and state privacy laws; understand patient privacy rights; your role as a workforce member in maintaining privacy of protected health information for patient care, teaching, research, fundraising, marketing and media and to be aware of the consequences for non-compliance.

The HIPAA Privacy regulations pertain to information in any form - electronic, written, verbal and other media.

As a UCLA Workforce Member you are required to comply with the following:

- Complete the HIPAA training required of all staff
- Read this booklet
- Read the UCLA Healthcare Notice of Privacy Practices
- Read the UCLA Healthcare Notice of Privacy Practices - Mental Health if work in the Neuropsychiatric Hospital and Institute
- Know where to find additional help or advice for HIPAA Compliance.

This guide contains a brief description of the HIPAA Policies of UCLA Healthcare. Full versions of the policies can be accessed on the UCLA Healthcare Mednet home page:

<http://www.mednet.ucla.edu/Policies.asp>

**HIPAA Privacy Rule.** The Health Insurance Portability and Accountability Act’s (HIPAA) Privacy Rule is a Federal rule which governs the use and disclosure of individually identifiable health information by an institution or individual provider (covered entities). Among the many provisions are standards for releasing medical information about patients. The State of California Privacy Regulations (California Medical Information Act) is more stringent than the Federal Privacy Rule in most instances, and therefore may supersede or “pre-empt” HIPAA. HIPAA mandates that all covered entities and providers implement privacy safeguards to protect health information. The HIPAA Privacy Rule gives specific rights to patients.

#### **New Individual Patient Privacy Rights:**

- Right to receive a “Notice of Privacy Practices”
- Right to request access of their own health information
- Right to request an amendment or an addendum of their own health information
- Right to receive an accounting of disclosures

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- Right to receive an accounting of disclosures
- Right to request alternative (confidential) communications
- Right to request restrictions (on who may access their health information)
- Right to file a privacy complaint.

These rights apply to the Patient's:

- *Medical Record*
- *Billing Record*
- *Original materials such as films, photographs and digital images*
- *Any information used to make decisions about the patient*

### ***Privacy Standards: April 2003***

Protect an individual's health information

**Notice of Privacy Practices (NPP)**. The UCLA "Notice of Privacy Practices" describes how medical information about a patient may be used or disclosed. The NPP also informs patients of their rights and how patients may get access to their information. UCLA Healthcare (UCLAHC) will deliver the NPP and attempt to obtain a signed acknowledgment of receipt of the NPP at least once at the time of initial patient care. Exceptions to obtaining the acknowledgment: Emergency treatment situations; indirect treatment relationship; or reference laboratory tests. The Privacy Notice must be given to patients at least once and an attempt made to get their signed acknowledgement. This is usually handled by admitting, registration and/or clinic staff. The NPP allows PHI to be used and disclosed for: Treatment, payment, and healthcare operations (including teaching). **Patients do not have to sign the acknowledgement in order to be treated.**

**Protected Health Information (PHI)**. Individually identifiable health information that includes demographic information, transmitted by electronic media, or transmitted or maintained in any other form or medium, including written and verbal. PHI includes 18 identifiers, such as: Name, address, medical record number or account number, all demographic data, any dates (birth, death, date of admission/discharge, service), e-mail and web addresses, license, etc. PHI also includes information that is created or received by or relates to the individual's health, healthcare, or health care payments. *[The list of 18 identifiers can be found on page 12 of this guide.]*

### **Treatment, Payment and Healthcare Operations (TPO)**

Certain types of PHI can be collected, used and disclosed without patient authorization. These include direct treatment (T) situations, transmitting information in a billing process to get paid (P), and certain specific administrative functions necessary in the operations (O) of the health care provider, such as accreditation, quality management, and internal training activities. Together these are often referred to as TPO. However, while these general categorical exemptions exist, many actions within these processes must be performed carefully to comply with HIPAA. These will be apparent in the description of the policies in this booklet.

**Business Associate Agreements (BAA)**. Disclosure of protected health information to third parties, such as billing agencies or consultants, requires a separate written contract or "Business Associate Agreement." Contact UCLA Healthcare Purchasing or Campus Purchasing to implement a BAA.



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health information  
and provide patients with  
certain rights

***Security Standards:***  
***April 2005***  
Physical, technical  
and administrative  
safeguards  
of patient information that  
is stored electronically.

***Codes and Transaction  
Standards:***  
***October 2003***  
Standardization for  
electronic billing and  
claims management.

2. **Minimum Necessary Standard (MNS)**. A fundamental HIPAA tenet is that only the minimum amount of information needed to complete a particular task should be collected, used or divulged in the process. When using or disclosing PHI/medical records, or requesting it from another entity, a covered entity must make reasonable efforts to limit the PHI to the minimum necessary to accomplish the intended purpose. Simply stated, MNS means to only access, use or disclose the minimum PHI needed to do your job.

Examples: For physicians with a treatment relationship to the patient, access to the entire medical record may be justified; whereas, a biller may only need access to a test billing code or diagnosis code to complete the billing, but not the test results. Other physicians may not need any access at all, if they do not have a treatment relationship to the patient. The workforce member should use good judgment and not disclose extraneous additional information in any situation.

3. **Patient Privacy Rights**. The HIPAA Privacy Rule creates patient rights specific to PHI, including:

### **Patient Access to their Own Record**

A patient has the right to access, to inspect, and obtain a copy of his/her PHI. Individuals' requests to access their information must be in writing, and should be handled by the Privacy Management Office. If the patient is requesting to review the original record, a staff member must be present with them. Copies can be made of any parts of the record for which they request to have a copy.

For those practicing at the NPH, psychotherapy notes are exceptions to the patient's right of access. Additionally, if you believe the information may be harmful to the patient, consult with the Privacy Officer or Legal Counsel for assistance in responding to the patient.

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### National Provider Identification (NPI) May 2007

The NPI number will be a 10-digit standard unique health identifier for healthcare providers and healthcare facilities. The NPI number must be used in connection with the electronic transactions identified in HIPAA.

### Uses & Disclosures for Research

In order to access or use PHI maintained by a UC health care provider, a researcher needs appropriate approval by the IRB. Generally, access to PHI for research purposes requires:

Patient authorization, or justify an exception to the authorization requirement by:

- IRB study approval & "Waiver of Authorization"; or
- Limited data set & "Data Use Agreement"; or
- De-identified data only;
- Disclosures related to FDA-regulated product.

## Amendment of PHI

Patients have the right to request, in writing, a correction or amendment to their record. UCLA Healthcare may accept the request to correct the record, but may deny the request with a written explanation of the reasons for the denial. The decision to accept or deny any amendment is made by the originator of the entry. If the amendment is granted, the person who wrote the entry will make the amendment. The amendment will be added to the patient's legal medical record.

The patient also has the right under California law to add an addendum to their record, and in such cases, the addendum is added to the patient's medical record.

Accounting of Disclosures HIPAA grants an individual a right to receive a written accounting of disclosures of his/her PHI whether made verbally or in writing, with certain exceptions. The Privacy Management Office provides a centralized repository to capture these disclosures and provide a listing of them to the patient when requested. This does not include disclosures made in the course of treatment.

However, we often complete a myriad of forms that disclose PHI to external agencies. If the disclosure did not require patient authorization, the disclosure must be captured for the accounting. The easiest way to accomplish this is to forward a copy of the form to the Privacy Management Office, with the patient's Medical Record number indicated on the form. If the disclosure was made verbally or not on a standard form, a report of a "Mandatory Disclosure of PHI" must be completed and sent to the Privacy Management Office. Disclosures to the patient himself/herself do not need to be included in the accounting.

**Confidential communications**, e.g., use an alternate phone number or P.O. Box

**Facility Directory of Inpatients and "Opt-Outs"**. Patients have the right not to be listed in the facility directory. To opt out of the facility directory (census), patients are assigned an alias name by Patient Access Services (Admissions and Registration).

**Restriction Requests** Requests for restriction on use or disclosure of PHI / medical records. Patients have a right to request restrictions on the uses and disclosures of their information. UCLA Healthcare is not required to accept a requested restriction, unless required by law, and will not accept requests that cannot be enforced or reasonably executed. Caution: Requests for restrictions are difficult to honor and must be reviewed by the Privacy Officer prior to granting approval.

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FDA-regulated product.

*All requests for Access to Records, Accounting of Disclosures, Amendment and/or Addendum Requests, and Restriction Requests must be forwarded to the Privacy Management office for processing.*

### Uses & Disclosures of PHI by Fundraising Staff

- May only use demographic information and dates of service for fundraising. Disease, diagnosis or condition may not be used to develop a fundraising mailing list.
- Must obtain a patient's authorization to use any other PHI for fundraising.
- Faculty may assist in identifying individuals to receive disease specific appeals.
- All fundraising material must provide the recipient with a way to opt out of receiving any additional fundraising material.
- All fundraising efforts must be coordinated with the UCLAHC Development Office.

4. **Authorizations.** Obtain the patient's (or legal representative's) authorization to disclose PHI/Medical Records or Medical Billing Records, e.g., disclosures to attorneys, employers, life insurance or mortgage companies, the media/ newspapers/ TV, or for research when the IRB has not provided a "Waiver of Authorization". Information may be disclosed to another treatment provider without an authorization. The minimum necessary standard does not apply to disclosures for treatment purposes.
5. **Media.** The patient's healthcare provider must be the initial contact with the patient for communication with the media or for developing University communications that use PHI. The healthcare provider must obtain the patient's authorization for the use and disclosure to the media. Contact the UCLAHC Media Relations office, (310) 794-0777 for assistance in coordinating any disclosures to the media and to obtain the special authorization form.
6. **Unauthorized Disclosures.** Unauthorized disclosures must be recorded and reported to HIMS/Privacy Management Office. The patient has the right to request an accounting of all disclosures not authorized by them.
7. **Accessing Your Own (or a Family Member's or Friend's) Electronic and/or Paper Medical Information?**  
Not permitted. Access to all medical records / billing records (electronic and paper) is being monitored. All requests for access should be referred to Health Information Management Services (HIMS/Privacy Management Office).
8. **Subpoenas & Court Orders.** Official legal requests (such as subpoenas and court orders) for medical records or other UCLA business records must be responded to in a timely manner. Refer these requests to HIMS/Privacy Management Office, Risk Management or the Privacy Officer to verify that the request is valid, that the information provided is specific to the scope of what's needed, that the patient was given formal notice, and to log the disclosure.

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9. **Teaching.** HIPAA allows the use and disclosure of PHI for the teaching of University of California students (all health professionals programs). HIPAA allows the exchange of PHI for teaching purposes, so long as both providers have a teaching relationship with the patient. For seminars / CME conferences, speakers must either use de-identified data or obtain written patient authorization.

### Use & Disclosures for Marketing

- A UC health care provider may use PHI to communicate to the patient about a product or service UC provides
- A UC health care provider may use PHI to communicate to the patient about general health issues: disease prevention; wellness classes, etc.
- For all other marketing, a patient authorization must be obtained
- Any questions should be directed to the UCLAHC Marketing Department.

10. **Research.** The HIPAA Privacy rule supplements the Common Rule and the FDA's protections for human subjects. The HIPAA Privacy rule does not override the California law that provides greater protection for the privacy of health information. The Privacy Rule also requires that research plans for use of this type of protected health information undergo review and approval by an Institutional Review Board (IRB) or Privacy Board. At UCLA, the Office for Protection of Research Subjects (OPRS) is the focal point for compliance with the research provisions of HIPAA. Refer to the IRB HIPAA research on-line tutorial for principal investigators: <http://www.oprs.ucla.edu/human/forms/HIPAA>

Access to PHI completed under a Waiver of Authorization must be included in the Accounting of Disclosures (page 5). If the data for the research study has been coordinated through the Privacy Management Office, the accounting will be completed by that office. If the researcher has obtained the list of patients involved in the study from any other source, a "Mandatory Reporting of PHI" form must be completed and forwarded to the Privacy Management Office for inclusion in the accounting of disclosures.

11. **Fundraising and Marketing.** There are additional state and federal rules that restrict the use or disclosure of protected health information for fundraising and marketing. Please refer to the web-based training materials web-based available at: <http://pmo.mednet.ucla.edu/TrainingModules>

12. **Facility Directory and Requests for Patient Information.** Beyond the one-word condition statement, requests for patient information from co-workers, neighbors, media, etc. requires a written authorization from the patient (or the legal guardian). Refer all media requests to UCLA Healthcare Media Relations Office, 310-794-0777 for additional consent forms and co-ordination with the patient's treating physician.

### Password Protection

The most secure passwords are those that contain

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alphanumeric combinations.  
Passwords must not be shared  
with anyone else.

Passwords are often needed to  
authenticate medical record  
documentation, and as such are  
components of the provider's  
electronic signature in a  
number of systems.

### **SAFEGUARDS FOR PROTECTING PHI:**

#### **Email**

A growing number of patients are requesting to communicate with their physicians by email. This presents potential problems in protecting privacy due to the technical shortcomings of most email systems. Currently UCLA Healthcare does not have encrypted email available for communication with patients. In addition, email must be captured for inclusion in the patient's medical record. Patients must understand the limitations in communicating with their healthcare providers by email, and provide consent before email correspondence can occur.

The email consent details the privacy risks involved in this type of communication, and outlines the appropriate and inappropriate uses of email. Certain information cannot by law be communicated by email including: STD, HIV, mental health, alcohol abuse or drug abuse, and test results relating to routinely processed tissues, including skin biopsies, pap smear tests, products of conception, and bone marrow aspirations for morphological evaluation, or if the test results reveal a malignancy or a pregnancy.

The "Consent to Email" form is available in the forms portal and on the Privacy Management office website.

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### **Portable Computers**

Collecting and storing patient data on PDAs, laptops and home computers pose particular challenges in protecting patient privacy. If you store logs of patients, lists of patient care tasks, copies of patient results, or data that you are using to monitor your care patterns on a computer or other device that goes outside UCLA Healthcare, *you are personally responsible for ensuring the privacy and security of this information.*

As much as possible, store the data on a network drive that you can access via VPN when not at UCLA. *Consult with your department IT staff for other options such as device encryption.*

At a very minimum, you should:

- Password protect the device
- Keep the device in a secure location at all times when not in your personal possession
- Erase PHI immediately when no longer using it
- Erase all data if you give the device to someone else.

**Shredding.** Shred all discarded documents and materials containing PHI/medical record information, medical billing information, and other confidential UCLA Healthcare information. Properly dispose of other items, which may contain PHI, e.g., recycled computers and storage disks /CDs, fax film ribbons, etc.

14. **Federal Penalties / Discipline.** If physicians make conscientious efforts to comply with the HIPAA Privacy and Security regulations, there should be little need to worry about sanctions or penalties. The Office for Civil Rights (OCR) is the Health & Human Service Agency charged with the primary responsibility for interpreting and enforcing the HIPAA Privacy Rule. A violation of federal regulations or University policy can result in discipline, loss of employment, fines or imprisonment. If OCR determines that a disclosure of PHI/medical record is made willfully and with intent for personal gain, the penalty can be as high as a \$250,000 fine and 10-year imprisonment. The University would not consider such an action as in the course and scope of your employment and would not defend you.

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15. **Complaints.** The Privacy Rule requires a covered entity to provide a process for individuals to make complaints concerning the covered entity's privacy policies. UCLA must record all complaints, their disposition, and the application of appropriate sanctions to members of workforce when noncompliance of the privacy policies and procedures is indicated. Patients have a right to file a privacy complaint either with the covered entity or directly with the Office for Civil Rights (OCR). The OCR has an on-line complaint process accessible by mail, fax, and e-mail, and offers assistance by telephone.

UCLA's Complaint Process. If providers understand that many patient complaints stem from misunderstanding and misinformation, rather than the actual denial of rights, we can be more proactive about how we communicate and welcome chances to improve our organizations' communication. The "Notice of Privacy Practices" recommends that patients file the complaint with the Patient Relations Department. UCLA workforce members are encouraged to file incident reports related to privacy and security either with their supervisor, or the Privacy Officer, Carole Klove, RN, JD (310-825-7166), through the Incident Reporting System, or the UCLA Hot Line, 1-800-296-7188.

16. **Questions.** Direct questions on HIPAA Privacy and Security to the UCLA Health Sciences Corporate Compliance / Privacy Office at the main number: 310-825-7135.
17. **UCLA Healthcare policies.** A number of policies detail the implementation of the privacy and security regulations at UCLA. The UCLA Health Sciences Privacy and Security Policies "can be accessed at the Intra-net site:

<http://www.mednet.ucla.edu/Policies.asp>

The above information is intended to provide workforce members basic knowledge about HIPAA requirements that will cover most of their daily activities. Each physician should identify managers or others in their usual work settings who have more advanced knowledge about HIPAA and to whom they can turn as questions arise. Other resources for assistance include:

- ✓ Chief Compliance & Privacy Officer (Carole Klove- Ext. 57166)
- ✓ Hospital Compliance Director (Marion Mallory - Ext. 57003)
- ✓ IT Help Desk (9-HELP)
- ✓ IT Security Officer (Ann S. Chang - Ext. 48762)
- ✓ Privacy Specialist (Joy Sarti - Ext. 91213)
- ✓ Manager SOMITS Information Technology (David Snow - 74541)

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### **18. Resources & HIPAA Web Links:**

<http://pmo.mednet.ucla.edu/TrainingModules> (Other training modules for HIPAA) (Intranet site)

UC HIPAA Privacy,

<http://www.universityofcalifornia.edu/hipaa/official.html>

Office for Civil Rights – HIPAA: Fact Sheets, Frequently Asked Questions <http://www.hhs.gov/ocr/hipaa/>

Center for Medicare and Medicaid Services (CMS) – HIPAA

<http://www.cms.hhs.gov/hipaa/>

American Association of Medical Colleges (AAMC)

<http://www.aamc.org/advocacy/hipaa/>

### **19. Common Forms**

UCLA Healthcare Notice of Privacy Practices

UCLA Healthcare Notice of Privacy Practices - Mental Health

Acknowledgment of Receipt of Notice of Privacy Practices (NPP)

Patient Request to Access PHI

Authorization for Release of PHI

Patient Request to Amend PHI

Patient Request for Accounting of Disclosures

Fax Cover Sheet for UCLA Healthcare

Consent for E-Mail

Mandatory Reporting of PHI

*Forms are available at:* <http://pmo.mednet.ucla.edu/HIPAAForms>



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The 18 Individual identifying elements that link to a specific individual:

- Name
- Social Security #
- Medical Record #
- Geographic Location, except for state
- All dates, except for year
- Age >89
- Phone Number
- Fax Number
- E-mail address
- Full face photographs
- Biometric ID - finger, voice prints
- Health Plan Number
- Account Number
- License Number
- Vehicle Identification
- Device Numbers
- URL's and IP Address
- Any other unique number, code

