HIPAA VISITING OBSERVER GUIDE and ACKNOWLEDGMENT

Introduction

The Health Insurance Portability and Accountability Act (HIPAA) became effective in August 1996. HIPAA and its subsequent updates prescribe standards for the privacy and security of patient medical information to ensure confidentiality. HIPAA pertains to information in any form –electronic, written, verbal, and other media.

As a Visiting Observer (herein “YOU”), you are required to follow HIPAA (and New York State regulations, to the extent they are more stringent than HIPAA), the policies of \_\_\_\_\_\_\_\_\_ (AGENCY NAME/”US” “WE” “OUR”) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and the directives of our personnel to protect the confidentiality of our patients’ information.

Before, during and after your visit, you may not download any patient information into your computer, take photographs of patients, staff, or other visitors, copy or make written or other records, nor use or disclose any patient information, except as specifically permitted by the patient IN WRITING.

Protected Health Information (PHI)

PHI consists of individually identifiable health information that is created or received by the health care provider and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

Individual identifiers include, but are not limited to:

• Name

• Social Security #

• Medical Record #

• Geographic Location, smaller than a state

• All dates, except for year

• Age or Date of Birth

• Phone/Fax Number

• E-Mail Address

• Full face photographs

• Health Plan/account/license Number(s)

• Device Identifier / Number

• URL/IP Address/Social media accounts

• Any other unique identifying number, code, or characteristic

Some Basic HIPAA Rules

We may not use or disclose PHI except as authorized by the patient or as permitted by law. PHI may be collected, used, and disclosed only for certain permitted uses without patient authorization. These activities are often referred to as TPO: Treatment, Payment, and Operations.

***NONE of these activities apply to your visit; therefore, we are required and will obtain patient authorization. Regardless, you may not disclose to any party ANY PHI to which you are exposed during your home visit with any of our patients.***

Under HIPAA, patients have the right to control, with certain limitations, the release of their medical information through authorizations. They also have the right to request an "accounting of disclosures" - that is, a list describing with whom and why their medical information has been shared with outside parties even when such disclosures are required by law. We will share a copy of this HIPAA Visitor Guide and Authorization with the patient(s) you visit when we obtain their authorization for your visit.

Visiting Observer General Information

Your presence as a visiting observer is for purposes other than TPO activities. Therefore, HIPAA requires authorization from each patient before you observe any interactions, medical/personal care, and/or treatment of that patient. Note that our patients and families have the right to request that you not be present during part or all of their interview, examination, or care. As such, if the patient does not agree to the observation, you may not observe the proposed activity.

Visiting Observers are not allowed to discuss or address any HIPAA rights questions. All privacy inquiries must be directed to agency personnel.

Visiting Observers are prohibited from using PHI for fundraising, promotions, business developments, legislative efforts, or other marketing or advocacy activities.

Visiting Observers may not access any organizational computer system that contains PHI or employee data

In addition to protecting our patients’ privacy under HIPAA laws, rules, and regulations, note that Visiting Observers must also keep confidential any and all ***employee*** data or information whether purposefully or incidentally revealed during the visit.

Penalties

If individuals make conscientious efforts to comply with HIPAA regulations, there should be little

need to worry about sanctions or penalties. However, the law does provide for federal civil penalties of$100 per incident up to $25,000 per person, per year, per standard for violations. These amounts can rise to $250,000 if violations are done “willingly and knowingly,” under false pretenses, or for

personal gain, commercial advantage or malicious harm. These latter types of infractions are

criminal offenses and also carry penalties of imprisonment.

For More Information

This document is intended to provide visiting observers with basic knowledge about HIPAA, New York State privacy requirements, and the policies of our organization. For additional information or if you have any questions, please contact our Chief Privacy and Compliance Officer at \_\_\_\_\_\_\_\_\_\_(AGENCY COMPLIANCE OFFICER CONTACT INFO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment and Attestation

I have reviewed the above and agree to comply with the requirements outlined in the HIPAA

Visiting Observer Guide. (Please print legibly)

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Visiting Observer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Witness Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send the completed form to our Compliance and Privacy Officer at:

\_\_\_\_\_\_\_\_(AGENCY Compliance Officer Contact information) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_