

TO: Adjunct Faculty

FROM: Kathleen Kost
Associate Dean for Academic Affairs
School of Social Work

RE: Health Insurance Portability and Accountability Act
(HIPAA) Compliance Information

As required by HIPAA all faculty that deal with human subject data must be made aware of HIPAA compliance regulations. The School of Social Work is responsible to maintain adequate records to prove compliance with these regulations. Therefore as a School of Social Work Adjunct Faculty you are required to review the attached HIPAA items and sign the SSW Adjunct Faculty Notification of HIPAA Compliance form. This form must be returned to Judah R. Gibson at the School of Social Work by **August 30, 2007**.

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Only Adjunct Faculty who are teaching in the SSW research sequence are required to complete the HIPAA Web-based Research PowerPoint Presentation. This web based training specifically addresses content relevant to research that is critical for the research and evaluation courses. This training can be accessed through the SSW website (www.socialwork.buffalo.edu) in the Faculty/Staff, Internal Resources, HIPAA Information section. Instructions for accessing the training are located on that page. Once you have completed this training you are required to download the verification form from the SSW HIPAA webpage. **Then turn the completed form to Judah R. Gibson by August 30, 2008.**

If you have already completed outside HIPAA training, the attached handouts are sufficient for Adjunct Faculty classroom responsibilities. Please provide a copy verifying completion of this training. If you have not received training or are unsure if your training is sufficient please email sw-hipaa@buffalo.edu for further advisement.

If you have any questions on the information in this memo please email sw-hipaa@buffalo.edu.

HIPAA IDENTIFIERS THAT MUST BE REMOVED

All of the following are considered identifiers of the individual or of relatives, employers, or household members of the individual:

1. Names
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census;
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone Numbers;
5. Fax Numbers;
6. Electronic Mail Addresses;
7. Social Security Numbers;
8. Medical Record Numbers;
9. Health Plan Beneficiary Numbers;
10. Account Numbers;
11. Certificate/License Numbers;
12. Vehicle Identifiers and Serial Numbers, including License Plate Numbers;
13. Device Identifiers and Serial Numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) Address Numbers;
16. Biometric Identifiers, including Finger and Voice Prints
17. Full Face Photographic Images and any Comparable Images; and

18. Any other unique identifying number, characteristic, or code.

University at Buffalo
The State University of New York

School of Social Work
Adjunct Faculty Notification of HIPAA Compliance

I have received and read the following handouts:

HIPAA Alert for course syllabus
HIPAA Identifiers That Must Be Removed
Student HIPAA “What a Social Work Field Student Needs to Know”

I understand that I must include in my course syllabus the HIPAA Alert paragraph, reinforce with students de-indentifying all Individual Protected Health Information when students do class presentations, assignments or hold discussions. I understand the requirements of the privacy and security provisions of HIPAA.

PRINT NAME

SIGNATURE

DATE

Return Completed Form To:
Judah R. Gibson
University at Buffalo
School of Social
685 Baldy Hall
Buffalo, NY 14260-1050

HIPAA

What a Social Work Field Student Needs to Know

HIPAA-Health Insurance Portability and Accountability Act

(HIPAA) is a federal law created in 1996. It is considered the most significant healthcare legislation since Medicare in 1965.

The law regulates healthcare providers. Providers are defined by HIPAA as **Covered Entities (CE)**. Those who deliver behavioral health are included under the regulations. The regulations protect both privacy and security of patient's/client's **protected health information (PHI)**.

There are three parts to the regulations:

1. **Privacy** - to insure privacy of individual identifiable health information (disclosure and confidentiality).
2. **Security** - to insure health information industry-wide (physical storage and maintenance, transmission and access to protected health information).
3. **Electronic Communication** - of healthcare claims, insurance plan eligibility, coordination of benefits, etc.

Penalty for Non Compliance:

Unauthorized disclosure or misuse of patient/client protected health information could have penalties up to \$250,000 and up to 10 years in prison.

What is the impact of HIPAA on Covered Entities (CE)?

- Touches all systems engaging in HIPAA covered electronic transactions. Any protected health information that's being transferred electronically must comply with the regulations.
- Touches all systems and business processes. Affects all personnel of the covered entity and how they handle and store written and verbal protected health information (i.e. receptionists and other organization staff).

- Requires the CE to establish policies and procedures to meet compliance and to train employees and student interns in carrying out these policies and procedures.
- Impacts all business associates and impacted entities which receive PHI from CE (i.e. social work researchers gathering client data, students doing case presentations).
- Requires new consent/authorization forms from clients (i.e. specific information, time frame, client ability to revoke).

What is HIPAA?

- o HIPAA has several parts. The first two pieces addressed portability of insurance and increased measures to prevent and prosecute fraud. Both of these pieces were implemented in 1996 and 1997.
- o HIPAA Administrative Simplification (AS) has three sub-pieces: 1) **Data Standards** also know as-Electronic Data Transactions and Code Sets (i.e. codes to identify treatment provided), 2) **Privacy** and 3) **Security**.

Portability and Simplification

- o HIPAA was first passed in 1996 in part to allow employees to continue their coverage from one insurance group to another - that's the portability part. Since then the act has been shaped to also support administrative simplification. Under this portion of the act, the goals were to champion activities that reduce fraud and abuse, protect privacy and reduce the administrative cost ratio of healthcare dollars. Currently 29% of all healthcare dollars are spent on administration of care.
- o Simplification consists of three areas - **security, privacy and data standards**. The purpose of the first two is to heighten member and patient protection through increased efforts aimed at privacy and confidentiality. The third is to make work with data consistent regardless of the company you are interacting with. The underlying principle for data standards is that variance causes work through increased effort, and imposing data standards reduces the burden of working with so many entities and organizations all requiring different processes or handling information differently. The aim is to decrease the time and effort for healthcare entities working together, and eventually decreased costs related to administering healthcare.

Who Needs to Comply?

- o Health plans and health care clearing houses must comply with HIPAA. According to the HIPAA regulations, the only health care providers who must comply with HIPAA are health care providers who transmit any health information in electronic format in connection with a transaction covered under HIPAA.

- o If a health care provider submits paper claims through the mail or with a fax machine and does not submit anything electronically, then they do not have to comply with HIPAA.

- o **Data Standards**
These are standards for sharing and transmitting healthcare information. They only impact the electronic sending and receiving of data that contain protected health information (PHI). When the agency sends data, it must be in a HIPAA compliant format.

- o **Privacy**
This section of the regulation is directed at maintaining confidentiality of member information. It requires that great efforts are made to **"de-identify" protected health information** as needed. That is, whenever possible, information transmitted cannot contain information that leads to the identification of a member if that information is not required for business purposes, such as processing a claim. In addition, no one can have access to information unless there is a "need to know", and that information is shared only with authorized persons who require the information for business purposes.

Students should clarify with their assigned agencies identified HIPAA policies and procedures.

Client Confidentiality Information

HIPAA is a piece of legislation that endeavors to ensure a necessary flow of information for health insurance purposes, while increasing protection of consumers' health information privacy. While you will receive a good deal of ethical and practice information about confidentiality as your education in the School of Social Work progresses, it is a requirement of the HIPAA legislation that you be informed of basic privacy practices prior to entering your internship site. The following

information will acquaint you with confidentiality practices and is also specific to the HIPAA legislation.

Client Confidentiality Information (continued)

Clients must consent to the use or disclosure of their protected health information by healthcare providers, for the purpose of diagnosing or providing treatment and obtaining payment for health care services performed. They must be informed that for diagnosis or treatment of them by you they must sign a form provided by your field agency.

The client has the right to revoke their consent, in writing, at any time, except to the extent that the agency has taken action in reliance on their consent. (i.e. released information to others before client revoked)

The client must be informed that they have the right to review the agency or institution's *Notice of Privacy Practices Handout* prior to signing a document provided to them by the agency. The *Notice of Privacy Practices Handout* describes the types of uses and disclosures of their protected health information that may occur in treatment and payment of bills or in the performance of health care operations. The *Notice of Privacy Practices* also describes the client's rights and the agency's or institution's duties with respect to their protected health information.

The agency reserves the right to change the privacy practices that are described in the *Notice of Privacy Practices Handout*. The client must be informed that they may obtain a revised notice of privacy practices and how this document can be obtained. The client must also sign a form provided by the agency or institution stating they have received the HIPAA privacy information document.

The student is responsible to discuss with his/her field educator at the field agency any Protected Health Information (PHI) being brought to classroom presentations and assignments.

The client's PHI means health information including demographic information, collected from them and created or received by their physician, another health care provider, a health plan, their employer or a health care clearinghouse. This protected health information relates to their past, present or future physical or mental health where there is a reasonable basis to believe the information may identify them.

See attached: HIPAA IDENTIFIERS THAT MUST BE REMOVED

HIPAA Privacy Rule Compliance: State Law Preemption

The Health Insurance Portability and Accountability Act (HIPAA) - Privacy Rule contains a variety of complex requirements and new terminology all practitioners must learn and understand. One of the challenging areas specifically related to behavioral health practitioners involves State Law Preemption. This means that Federal law (i.e. the Privacy Rule) takes precedence over State confidentiality laws unless the State law is more stringent. **Students should receive this information at their respective field agency.**

The information provided here is available to the public and should not be construed as legal advice. This is a brief overview of how students may be impacted. It will be essential that interns also ask for and receive HIPAA training that is specific to your respective field agency. Additional information on HIPAA will be available on the UB School of Social Work Website (www.socialwork.buffalo.edu).