

Please compare your answer sheet with the answer key. Under each answer is the explanation of why that answer is correct.

1. A. File a complaint with the System Privacy Officer.

"Patients, employees, members of the medical staff, and anyone else involved in providing or supporting patient care within the Saint Luke's Health System has the obligation and responsibility to inform the System Privacy Officer of any known violations regarding patient privacy."

2. B. Inform the patient on how to file a complaint.

"SLHS is required to document all complaints received about potential violations of patient privacy or failure to follow policies and procedures on patient privacy."

3. E. Both B and D

"The complaint form is available through the following methods: on the SLHS webpage, on the Forms library accessed via Citrix, by e-mail request to privacy@saint-lukes.org, or by request to any SLHS organization."

4. A. Yes

"All complaints must be in writing and document the alleged violation including the entity where the incident occurred."

5. C. Public Relations

"All release of patient information specifically to the media will be handled by the Public Relations department or as outlined in policy PRIV-72 Release of Information to the Media."

6. B. Treatment, Payment and Healthcare Operations

"Access to patient information will be limited to the information that is required by each individual to perform their duties related to treatment, payment and healthcare operations."

7. B. True

"Specific requirements to protect patient information include limiting physical access to patient information and not displaying full patient names or clinical data in public areas."

8. B. Via Citrix: SLHS Policies and Procedures (PolicyStat) icon.

"Saint Luke's Health System has implemented policies and procedures (located in PolicyStat) to protect the privacy of all patient information."

9. C. Obtain verbal authorization, document the authorization and viewing in the medical record, then stay with the patient as they review documents, ensuring integrity.

"Patients should be encouraged to wait until the record is completed after discharge, but may see the record after obtaining verbal authorization, documenting such in the medical record. A healthcare provider must stay with the patient when viewing the record."

10. A. Yes

"It is the policy of SLHS that anyone involved in the direct or indirect provision of patient care will limit their access to patient information to that which is required to perform their job."

11. B. True

"It is the policy of SLHS that anyone involved in the direct or indirect provision of patient care will limit their access to patient information to that which is required to perform their job."

12. C. No, because he does not need this information to perform his job

“Those individuals whose role does not require access to patient information will not access patient information at anytime.”

13. B. Send the request to Health Information Management

“The health information management department or entity site coordinator should be contacted if a person is unsure of how to respond to a request.”

14. B. No

“Those individuals whose role does not require access to patient information will not access patient information at anytime.”

15. B. Inform the patient that they do not have authorization to access this information

“Those individuals whose role does not require access to patient information will not access patient information at anytime.”

16. A. Send the information based on continued medical treatment

“Medical – minimum necessary does not apply to requests from health care providers for continued treatment of a patient and does not require an authorization.”

17. B. No

“Insurance – only the information that relates to the purpose of the request will be provided. For example a request related to payment of an operative procedure will be responded to with only information about the operative procedure in question.”

18. B. False

The Patient Financial Services representative only needs the authorization number for help in getting payment for the procedure. The PFS representative however, does not need to know the outcome of the procedure.

19. B. Deny the request since the minor was able to consent to treatment

Since the minor has the right to consent to treatment, she also has a right to determine who can have access to her treatment information.

20. B. No

Because the minor requested a private conversation with the physician about a STD, the parent does not have the right to have access to any information discussed in the conversation.

21. B. True

“Patients new to any SLHS location will be asked to provide their Communication Preferences which is completed via an electronic form within Epic. This form gives patients the opportunity to detail their preferences of which phone numbers may be used to contact them and whether a detailed message can be left at that number. It also allows them to identify where written communication can be sent.”

22. C. Provide the patient with the Request for Alternative Communications form and give them instructions about how to complete the form and where to send it once complete.

“Patients have the right to request that we contact them at an alternate address or phone number. This request must be done in writing and the phone number and/or address will be entered into the computer system. The request form is available on the SLHS webpage..”

23. D. A and B

“These messages should be limited to the your name, name of the organization, phone number and that you are requesting they call you back.”

24. E. Answers A, B and C

"A personal representative is a person who may legally act with authority on behalf of another person. Examples of personal representatives include:

- Parents or legal guardians of unemancipated minors.*
- Persons appointed under durable power of attorney.*
- An executor, administrator or other lawful person who can act on behalf of an individual."*

25. A. Yes

"SLHS may refuse to acknowledge a person as a personal representative though if based on professional judgement that it is not in the best interest of the patient, secondary to suspicion of abuse, neglect, or domestic violence by the personal representative, and disclosure could endanger the patient."

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28. A. Yes

"PHI (protected health information) can be released to a law enforcement official if a SLHS associate was the victim of a crime or has been requested to assist in the identification of a suspected perpetrator provided that the protected health information disclosed is about the suspected perpetrator of the criminal act"

29. B. Diagnosis

"The protected health information disclosed is limited to the following:

- a. Name and address*
- b. Date and place of birth*
- c. Social security number*
- d. ABO blood type and rh factor*
- e. Type of injury*
- f. Date and time of treatment*
- g. Date and time of death, if applicable, and*
- h. Description of distinguishing physical characteristics including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos."*

30. A. Yes

"SLHS may disclose PHI (protected health information) for treatment or payment purposes to another health care provider without an authorization from the patient."

31. A. Yes

"It is the policy of SLHS that PHI will not be used or disclosed for purposes other than treatment, payment, or health care operations without a valid authorization."

32. A. Yes

"It is the policy of SLHS that PHI will not be used or disclosed for purposes other than treatment, payment, or health care operations without a valid authorization."

33. A. Yes

"In the event a patient is unable to sign an authorization you may obtain a verbal authorization with witnesses and complete the authorization form"

34. B. Location in SLHS

"Information maintained in the facility directory will be limited to the following:

- *Name*
- *Location*
- *Religious affiliation (for clergy use only)*
- *Condition, in general terms, that does not specifically provide medical information."*

35. B. True

"If a patient requests to be listed in the facility directory, their room/phone information may be shared. If a patient provides their religious affiliation, information will be made available only to clergy representing that religious affiliation."

36. A. Yes

"If a patient does not wish to be included in the facility directory their information will not be provided to anyone requesting information."

37. A. Yes

"Patients being admitted to the hospital as an inpatient will be asked if they want their name to be included in the facility directory."

38. A. At this time we have no information on a patient by that name.

"The response to any caller inquiring about a patient that has been excluded from the facility directory will be "At this time we have no information available on a patient by that name.""

39. D. Answers A and B

"SLHS will obtain consent from the patient before sharing PHI (protected health information) when any other party is present."

40. B. True

"If the patient is incapacitated and unable to express their wishes with regards to sharing of information you will use professional judgment to determine the amount of information to be shared and with whom."

41. B. Ask the individual for the patient's date of birth and social security number

"The patient will be informed that only these two individuals will be able to call and obtain treatment information if they provide the patient's date of birth, social security number, or other identifying information."

42. A. Yes

"SLHS may use or disclose PHI to a public or private entity that assists in the disaster relief efforts (e.g. American Red Cross), for the purpose of coordinating the notification of family members, other relatives, close friends or other persons identified by the patient."

43. B. General condition or death

"Information on the patient must be limited to: location or general condition including death."

44. D. Patients date of birth and social security number

"If the individual is not known to you a request to see their identification badge will suffice for verification in person and a request for the patient's date of birth and social security number will be used for verification over the phone"

45. A. Yes

"A patient who presents in person or calls on the telephone will be asked to either provide their driver's license or their date of birth and social security number."

46. B. True

"We are allowed to make changes to this notice if our privacy policies change and must make available a revised copy of the notice for the patients."

47. B. True

"We are also allowed to use and disclose their information for the following situations without the patient's authorization:"

• Required by law	• Public health	• Health oversight
• Abuse or neglect	• Legal proceedings	• Law enforcement
• Coroners and Funeral Directors	• Organ donation	• Research
• Criminal investigations	• Military and National Security	• Worker's compensation

48. B. True

"We are also allowed to use and disclose their information for the following situations without the patient's authorization:"

• Required by law	• Public health	• Health oversight
• Abuse or neglect	• Legal proceedings	• Law enforcement
• Coroners and Funeral Directors	• Organ donation	• Research
• Criminal investigations	• Military and National Security	• Worker's compensation

49. B. True

"It must also contain information on how the patient or their personal representative may file a complaint with either the entity or the Secretary of the Department of Health and Human Services."

50. B. True

"SLHS has created the System Privacy Officer position to oversee the Privacy Office and respond to all questions and complaints."

51. A. Yes

"A patient can not request a restriction on PHI that has already been used or disclosed for the purposes of treatment, payment, or health care operations."

52. B. Request the Restriction form

"All requests for restrictions must be submitted in writing and will be reviewed for approval or denial by the receiving facility. The restriction request form is available on the SLHS webpage."

53. B. Send the information in light of the emergency

"SLHS may disclose PHI if the patient who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment."

54. B. The patient is allowed to receive copies of the record excluding the history and physical report

"There are a few instances when a request for access will be denied and these are as follows: The record contains information in reference to another individual that may be harmed."

55. C. No, because the report was prepared for use in the malpractice lawsuit

An individual only has access to their PHI contained in the designated record set. The report for the malpractice lawsuit is not a part of the designated record set.

56. A. A hospital doesn't let patients have access to their own PHI until after they've been discharged

"If the patient requests to view their medical record during the course of treatment they will be encouraged to wait until after discharge when all documentation is complete. If the patient is not agreeable to waiting they must complete an authorization and a health care provider will assist the patient in reviewing their record."

57. B. Send them a Request for Amendment form

"An individual who believes that their PHI (protected health information) maintained in the designated record set is incomplete or incorrect may request an amendment to the information in writing. The amendment request form is available through the following methods:

- *Saint Luke's Health System webpage*
- *Health Information Management department*
- *Hard copy through the mail"*

58. C. Tell the patient that they should contact the Physician's office to make the correction since the records originated there

"A request for amendment may be denied if the PHI (protected health information):

- *Was not created by the organization;*
- *Is not part of the designated record set;*
- *Is not accessible to the patient by regulation;*
- *Is accurate and complete."*

59. B.

"The transmission of Protected Health Information (PHI) via facsimile (fax) is permissible: when the information is required for continuity of patient care, payment of patient accounts or other healthcare and business operations; or if faxing PHI for purposes outside of 1(a), only when mail or other secure delivery methods are not feasible. Faxing PHI under this section should be kept at a minimum. Only the information minimally necessary to accomplish the purpose should be transmitted"

60. C. Send a Test Fax to the Emergency Department to assure patient confidentiality

"Refrain from faxing sensitive health information, such as that dealing with mental health, chemical dependency, sexually transmitted diseases, HIV or other highly personal information. If alternative means of transmitting this information is not available and faxing this type of information is necessary, the sender must send a test fax to confirm the fax number, schedule a time to fax the information, and confirm with the recipient that the fax was received."

61. A. Yes

Because this employee is not authorized to see this information nor is it their job to report such findings, they should be sanctioned for this action.

62. A. Yes

Because the employees viewing the Chief's information is not involved with his care, they should be sanctioned for their actions.

63. B. No

"Exceptions to the application of a sanction will be made if the if the use or disclosure was made for the purpose of filing some type of complaint or related to a criminal act."