

Please read the summary of each policy and answer the questions. Additional information on these policies can be found on the PolicyStat.

Record your answers on the Answer Sheet

Important Definitions

Designated record set:

1. A group of records maintained by or for a covered entity that is:
 - i. The medical records and billing records about individuals maintained by or for a covered health care provider;
 - ii. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - iii. Used, in whole or in part, by or for the covered entity to make decisions about individuals.
2. For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

Protected health information (PHI) means individually identifiable health information:

1. Except as provided in paragraph (2) of this definition, that is:
 - i. Transmitted by electronic media;
 - ii. Maintained in any medium described in the definition of electronic media at § 162.103 of this subchapter; or
 - iii. Transmitted or maintained in any other form or medium.
2. *Protected health information* excludes individually identifiable health information in:
 - i. Education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232g;
 - ii. Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and
 - iii. Employment records held by a covered entity in its role as an employer.

ECPS-203: Privacy and Security Complaints

Patients, employees, members of the medical staff, and anyone else involved in providing or supporting patient care within the Saint Luke's Health System have the obligation and responsibility to inform the System Privacy Officer of any known violations regarding patient privacy. SLHS is required to document all complaints received about potential violations of patient privacy or failure to follow policies and procedures on patient privacy.

All complaints must be in writing and document the alleged violation including the entity where the incident occurred. All complaints will be investigated without retaliation against the individual filing the complaint. The complaint form is available through the following methods: on the SLHS webpage, on the I drive under the Privacy Folder, by e-mail request to privacy@saintlukeskc.org, or by request to any SLHS organization.

Details about the complaint process can be found in policy ECPS-203 Privacy and Security Complaints.

1. An employee witnesses another employee viewing information of a patient not being cared for in their area. What should the employee do?
 - A. File a complaint with the System Privacy Officer
 - B. Do nothing
 - C. Discuss the issue with your supervisor
 - D. Confront the employee
2. A patient's family member overhears a conversation in a public area about the patient's sensitive medical condition. The family member confronts the patient who becomes upset and advises the employee. What should the employee do?
 - A. Confront the physician about this issue
 - B. Inform the patient on how to file a complaint
 - C. State that every employee signs a confidentiality statement and this behavior is appropriate
 - D. Tell the patient you will report this to your supervisor

3. A patient approaches an employee in the hall and wants to file a complaint due to his/her nurse giving out their PHI to a stranger. The employee tells the patient that a complaint can be made to our Privacy Officer whose address is in the Notice of Privacy Practices. Where else could the complaint be made?
- A. In admissions
 - B. SLHS Web Site
 - C. CEO
 - D. Privacy@saintlukeskc.org
 - E. Both B and D
4. Complaints made in writing must be entity specific.
- A. Yes
 - B. No

ECPS-202: Patient Privacy and Information Security

Saint Luke's Health System has implemented policies and procedures (accessible via Citrix, found under the Policy icon, PolicyStat) to protect the privacy of all patient information. Every person involved the direct or indirect provision of patient care must be aware and informed of these policies and procedures and will acknowledge their individual responsibility to protect patient information. Any significant change to the privacy policies and procedures will be communicated to all impacted individuals.

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. These three types of activities do not require patient authorization for information access. No information will be released outside the entity without patient authorization except for those activities outlined in policy ECPS-207 Uses and Disclosures. All release of patient information specifically to the media will be handled by the Public Relations department or as outlined in policy GA-021 Media Guidelines to the Media.

Saint Luke's Health System has designated Natasha Hundley as the System Privacy Officer and the primary contact for all questions, issues, and complaints related to patient privacy. Each entity has designated a Compliance and Privacy Business Partner to assist in investigating activities related to patient privacy and these names can be found via ePulse.

*Every person with access to patient information will take personal responsibility to protect any information they have access to whether in paper or electronic format. 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. Patients may have access to their information (medical record) post treatment, but this can only be done after notifying the Health Information Management Department and obtaining a signed authorization. If a patient or an authorized representative asks to see the patient's record during a current healthcare visit, they should be encouraged to wait until the record is completed after discharge. If they are not agreeable to that option, the patient or their authorized representative may see the record after obtaining verbal authorization. **Documentation must be made in the medical record (i.e.: Nursing Progress Notes) of actions taken. The healthcare provider must stay with the patient and/or their authorized representative as they review the record to ensure integrity of the documentation and respond to any questions if appropriate.** Details about this process can be found in ECPS-248 Right to Access Protected Health Information.*

Details about the privacy of a patient and security of patient information can be found in the policy ECPS-249.

5. Who is authorized to release patient names or dates of admission to the media?
- A. Patient Accounting
 - B. Business Office
 - C. Public Relations
 - D. Risk Management
 - E. Health Information Management
6. Patient information may be used by associates for what three functions without patient authorization according to the privacy regulations?
- A. Research, Marketing, and Fundraising
 - B. Treatment, Payment, and Healthcare Operations
 - C. Benchmarking, Fundraising, and Litigation
 - D. Payment, Marketing, and Research

7. Patient information in public areas should be limited to the last name and first initial.
- False
 - True
8. Saint Luke's Health System's policies and procedures are available in the following location:
- M: drive under the HIPAA folder
 - Via Citrix: SLHS Policies and Procedures (PolicyStat) icon
 - E: drive under the privacy folder
 - N: drive under the HIPAA folder
9. If a patient or authorized representative requests to review a medical record prior to discharge, what is the proper procedure?
- Inform your supervisor
 - Tell the patient they need to wait until the record is complete
 - Obtain verbal authorization, document the authorization and viewing in the medical record, then stay with the patient as they review documents, ensuring integrity.
 - Call Administration

ECPS-207 Use and Disclosure of Protected Health Information

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. Those individuals whose role does not require access to patient information will not access patient information at anytime. The health information management department or entity site coordinator should be contacted if a person is unsure of how to respond to a request.

SLHS has established a policy to only request or release the minimum necessary information to fulfill any requests for PHI (protected health information). The routine and recurring types of requests for use and disclosure of patient information are as follows:

- Medical – minimum necessary does not apply to requests from health care providers for continued treatment of a patient and does not require an authorization.*
- Legal – minimum necessary does apply to requests from attorneys unless the patient has specifically authorized that we release the entire medical record for a specific visit. Requests stating any and all records will not be considered a valid request and will be returned to the attorney for specification of dates of treatment.*
- 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.*
- Patient – the patient has the right to view and obtain copies of their medical record. Information released will be based on what is requested on the authorization form signed by the patient.*
- Internal – requests for information within the facility for purposes other than treatment will be responded to with the minimum necessary information to fulfill the purpose of the request. An example would be an audit for medication dispensing for a certain medication. Only records of patients who received the medication would be provided and if feasible only the medication records for those patients.*
- Non-routine – any request that does not meet the above criteria must be approved by the Health Information Management Department.*

Details about the appropriate access to patient information can be found in the policy ECPS-207 Use and Disclosure of Protected Health Information.

10. A person performing discharge planning is coordinating the transfer of a patient to a skilled nursing facility. The discharge planner has never worked with this patient before and needs to review the medical record to appropriately prepare for the transfer. Does the discharge planner have access to the medical record to conduct this task?
- Yes
 - No
11. An evening shift ICU nurse who just returned from vacation today is caring for a patient who has been in the ICU for four days. To help him adequately know how to care for the patient, the nurse wants to review all progress notes and

physician orders in the medical record for the patient's ICU stay. The nurse has the right to access the progress notes and physician orders.

- A. False
- B. True

12. Changing the bed linens in the room of a patient just discharged from The Cancer Institute, a housekeeping employee notices the patient's chart still outside the door of the patient room. The housekeeping employee, who has never reviewed the contents of a patient chart, decides to review the chart because he is curious about cancer and the treatment required for the recently discharged patient. Does the housekeeping employee have the right to review the patient chart?
- A. Yes, because he is an SLHS employee
 - B. Yes, because he has signed an SLHS Confidentiality Agreement
 - C. No, because he does not need this information to perform his job
 - D. No, because he normally does not work in The Cancer Institute
13. A Patient Financial Services representative receives a request from the patient's insurance company for an operative report to obtain payment. She asks her supervisor how to provide this information? The supervisor should tell her to:
- A. Complete a request for the entire medical record
 - B. Send the request to Health Information Management (HIM)
 - C. Attempt to print the information off herself
 - D. Ask for an authorization from the patient
14. The CEO requests to view a medical record of a hospital physician who was recently treated in the emergency department. His reason for the request is strictly personal. Does the CEO have a right to view this record?
- A. Yes
 - B. No
15. A patient is being taken to radiology by a transportation employee. The patient asks if the employee would look in their chart and tell them what test they are going to have done. How should the employee respond to the request?
- A. Open the chart and look for the test that was ordered
 - B. Inform the patient that they do not have authorization to access this information
16. A home health nurse calls a discharge planner at the hospital to request the discharge notes, progress notes and insurance information on a patient that was sent to the home health agency for infusion therapy services. This type of request by ABC Home care is routine. The discharge planner can:
- A. Send the information based on continued medical treatment
 - B. Deny the request until the patient signs an authorization
 - C. Send only the minimum necessary information.
 - D. None of the above
17. The insurance company needs the past medical history of a patient to determine eligibility for coverage. The insurance company figures that it would be easier to just ask for the patient's complete medical record and leaf through the pages to find the requested information. Is the release of the entire medical record appropriate in this case?
- A. Yes
 - B. No
18. A Patient Financial Services (PFS) representative is missing the authorization number for an outpatient surgery and needs it prior to billing the payor for the services. Knowing that the patient's physician obtained the authorization number prior to the surgery, the PFS representative calls the physician's office to ask for the authorization number. In the same conversation, the PFS representative, curious about the patient, asks about her recovery from the surgery. The PFS representative is acting appropriately under this policy.
- A. True
 - B. False

ECPS-214: Release of Information for Minors

A minor can consent to, agree to or authorize the Use or Disclosure of their own PHI if:

1. *the minor consents to the health care service provided and to which the PHI relates and no other consent to such health care is required by law (regardless of whether the consent of another person has been obtained) and the minor has not requested that the parent act as a personal representative;*
2. *the minor may lawfully obtain such health care service without the consent of the parent or guardian; and the minor, a court or another authorized person consents to such health care services; or*
3. *the parent or guardian consents to an agreement of confidentiality between SLHS and the minor with respect to such health care service.*

Details about the consent or release of information on minors can be found in the policy ECPS-214 Release of Information for Minors.

19. A 16-year-old pregnant minor presents to the emergency department for treatment and under state law is entitled to consent to her own treatment. The parent's unaware of the patient's condition discover that the minor was treated in the emergency department and call to find out the patient's condition. Can the parents obtain the requested information since they are paying the bill?
 - A. Provide the requested information since they are the parents of the patient
 - B. Deny the request since the minor was able to consent to treatment
 - C. Deny that the patient was treated at the facility
 - D. Request that the parents sign an authorization
20. A minor is concerned that he/she might have contracted a sexually transmitted disease and requests to have a private conversation with the physician and the parent agrees. Can the parent receive documentation related to this discussion at a later date without authorization of the minor?
 - A. Yes
 - B. No

ECPS-215: Patient Communication and How to Accommodate Alternative Communication Requests

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 Citrix Forms page.

Patients also have the right to be informed at the time of discharge if we are going to do follow up with them and document their desire to have this done. These messages should be limited to your name, name of the organization, phone number and that you are requesting they call you back.

Details about patient communication and how to accommodate alternative confidential communications can be found in the policy ECPS-215.

21. If you contact a message machine while calling a patient to deliver results from blood work performed, you are allowed to communicate the test results on the machine if the patient has given permission on the Communication Preferences form in Epic.
 - A. False
 - B. True
22. A patient asks the admitting clerk how they can get their confidential information sent to their workplace instead of their home. What should the clerk do?
 - A. Tell the patient that we don't provide that type of service because of our computer system
 - B. Ask the patient why they want their confidential information sent somewhere else
 - C. Provide the patient with the Request for Alternative Communications (SYS-072) form and give them instructions about how to complete the form and where to send it once completed
 - D. Tell the patient that we have a form for this, but no one knows how to use it.
23. What information can you leave on an answering machine if you are unable to speak with the patient and are calling to schedule an outpatient procedure if the patient has not given permission to leave a detailed message?
 - A. Your Name

- B. Entity Name
- C. Procedure
- D. A and B
- E. B and C

ECPS-218: Representatives in Cases of Abuse, Neglect or Domestic Violence

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.*

SLHS will provide PHI (protected health information) to a personal representative in the same manner as they would to the patient. 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.

Details about cases of abuse, neglect or domestic violence can be found in the policy ECPS-218 Representatives in Cases of Abuse, Neglect or Domestic Violence.

24. Identify which of the following are considered personal representatives of a patient.
 - A. Parents or guardians of unemancipated minors
 - B. Representatives authorized by a durable power of attorney
 - C. Executor of a deceased person's estate
 - D. Concerned neighbor of the patient
 - E. Answers A, B and C
 - F. All of the above
25. A parent is suspected of abusing their child. The parent is the personal representative of the child. Can we deny their request to receive information?
 - A. Yes
 - B. No
26. A seven-year-old child is brought to the Emergency Department by one of its parents with numerous bruises and a broken leg and a nurse believes the injuries could be the result of child abuse. Can the nurse withhold information from the parents as personal representatives if he/she feels that sharing information with the parents could put the child in further danger?
 - A. Yes
 - B. No
27. A nursing home patient reports to the Emergency Department with a broken arm and multiple bruises. The patient refuses to state how the injuries were received. A nurse from the nursing home calls for an update on the patient's condition. Can the nurse withhold information from the caller if the cause of the injuries is suspected to be the result of abuse?
 - A. Yes
 - B. No

ECPS-219: Criminal Investigations

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:

- 1) *The protected health information disclosed is about the suspected perpetrator of the criminal act, and*
- 2) *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.*

Details about information releases pertaining to criminal investigations can be found in the policy ECPS-219 Criminal Investigations.

28. An emergency department nurse is caring for a belligerent patient who suddenly becomes violent. The patient hits the nurse in the face, and she suffers a nasal fracture and laceration. The patient runs from the emergency department and leaves the organization's premises. The incident is reported to law enforcement who interviews the nurse. Can the nurse disclose information about the patient?
- A. Yes
 - B. No
29. A nurse is assaulted and robbed at gunpoint outside her home. She recognizes the assailant as a former patient. When reporting the incident to the police, which of the following information can she not provide?
- A. Patient name
 - B. Diagnosis
 - C. Date of treatment
 - D. A description of distinguishing characteristics (such as height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos).

ECPS-303: Authorizations for Use and Disclosure of Protected Health Information

SLHS may disclose PHI (protected health information) for treatment or payment purposes to another health care provider without an authorization from the patient. SLHS may also disclose PHI for health care operations to another health care provider if each entity has or had a relationship with the patient. In the event a patient is unable to sign an authorization you may obtain a verbal authorization with witnesses and complete the authorization form.

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.

Details about authorizations can be found in the policy ECPS-303: Authorizations for Use and Disclosure of Protected Health Information.

30. A request for information is received from a nursing home on a former patient for continuing care. The patient is unable to sign an authorization. Can you release the information without an authorization from the patient?
- A. Yes
 - B. No
31. A physician writes an order on discharge to provide a copy of the record to the patient. Is a signed authorization from the patient required before complying with this order?
- A. Yes
 - B. No
32. An attorney calls requesting a copy of a medical record for a patient that was involved in a motor vehicle accident. Is a signed authorization needed to respond to this request?
- A. Yes
 - B. No
33. A patient sends a family member to pick up copies of an x-ray without an authorization. Can you get a verbal authorization from the patient to release this information?
- A. Yes
 - B. No

ECPS-225: Facility Directory

Patients being admitted to the hospital as an inpatient will be asked if they want their name to be included in the facility directory. The facility directory will be maintained to assist visitors in locating patients if they ask for the patient by name. At no time will patient information be available in the facility directory purposes if the patient is in a psychiatric unit or entity. If a patient provides their religious affiliation that information will be made available only to clergy representing that religious affiliation.

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

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.*

Details about information in the facility directory can be found in the policy ECPS-225 Facility Directory.

- 34.** An individual calls (or comes) in to the hospital to inquire about a patient. Of the following selections, what information from the hospital/facility directory may be provided to that individual?
- A. Diagnosis
 - B. Location in SLHS
 - C. Physician's Name
 - D. Answers B and C
- 35.** Information in the hospital/facility directory will only be disclosed to Clergy from the patient's religious affiliation or to people who ask for the patient by name.
- A. False
 - B. True
- 36.** Can a patient choose to not be included in the hospital/facility directory?
- A. Yes
 - B. No
- 37.** Are you required to ask the patient upon admission if they want to be included in the hospital/facility directory?
- A. Yes
 - B. No
- 38.** A call is received requesting information on a patient that has requested to be excluded from the facility directory. How should the associate respond to this request?
- A. At this time, we have no information available on a patient by that name.
 - B. The patient has requested we not provide any information.
 - C. We don't have a patient with that name here.

ECPS-303: Authorization for Use and Disclosure of Protected Health Information

HIPAA allows workforce members to disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the PHI directly relevant to such person's involvement with the individual's health care or payment related to the individual's health care. PHI can be disclosed to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.

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

ECPS-233: Verification of Identity Before Disclosure of Protected Health Information

Every patient will be asked at the time of registration, or as soon as possible, for the names of two individuals who will be involved in the patient's care that we can share PHI (protected health information) with when the patient is unavailable. 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.

Details about release of information during treatment can be found in the policy ECPS-233 and ECPS-303

39. A physician obtains a patient's results from a recent blood test. The patient is coherent and waiting in an exam room. The physician may share the results of the test with the patient's spouse provided that:
- A. The patient gives oral agreement
 - B. The patient is given the opportunity to object and such objection is not expressed
 - C. The patient's spouse has received blood test results in the past
 - D. Answers A and B
 - E. Answers A, B, and C
40. A patient is involved in a car accident and is brought to the Emergency Department unconscious. SLHS may release information about the patient regarding the accident to family members involved in the patient's care, if in the best interest of the patient, based on SLHS staff's best judgment.
- A. False
 - B. True
41. An individual claiming to be the daughter of a patient in the ICU calls to obtain a status report and you see that her name is listed as a caregiver. What should you do?
- A. Provide the requested information.
 - B. Ask the individual for the patient's date of birth, social security number, etc.
- Provide the individual with only the patient's general condition.

ECPS-304: Use and Disclosure for Disaster Relief Purposes

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

Details about release of information in disaster relief purposes can be found in the policy ECPS-304 Use and Disclosure for Disaster Relief Purposes.

42. The American Red Cross, responding to a natural disaster in the Kansas City area, seeks to notify a patient's next of kin of the patient's serious condition. Can SLHS provide this information to the American Red Cross without an authorization?
- A. Yes
 - B. No
43. From the scenario above, what other information can SLHS provide the American Red Cross?
- A. Surgeries performed
 - B. General Condition or Death
 - C. Birth Date
 - D. Both B and C
 - E. None of the above

ECPS-233: Verification of Identity Before Disclosure of Protected Health Information

SLHS will use professional judgment to sufficiently verify the identity of all individuals prior to the disclosure of PHI. 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. 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.

Details about verifying identity can be found in the policy ECPS-233 Verification of Identity Before Disclosure of Protected Health Information.

44. An on-call physician, Dr. Marquez, calls the nurse's station to discuss a patient on the unit and requests the most recent lab results on the patient. The SLHS nurse is not familiar with Dr. Marquez and feels uncomfortable providing that information prior to obtaining some additional information. What information should the SLHS nurse ask for to verify the identity and authority of Dr. Marquez to obtain that information?
- A. Physician's office address to verify locale
 - B. Patient's phone number

- C. Physician's ID number assigned by SLHS
- D. Patient's date of birth and social security number

45. A patient, Mark Doe, calls the SLHS Patient Accounting department to ask for a copy of his latest bill to be FAXed to him at his home. Prior to sending the FAX, the Patient Accounting Representative asks for Mr. Doe's social security number and date of birth to verify it against the organization system. Both the social security number and date of birth that Mr. Doe provides match what is in the organization system. Has the Patient Accounting Representative sufficiently verified Mr. Doe's identify and authority to receive the FAX?
- A. Yes
 - B. No

ECPS-206: Notice of Privacy Practices

SLHS is required by the privacy regulations to provide a document titled the Notice of Privacy Practices to every patient the first time they present after April 14, 2003. 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. This document contains a description of how we may use and disclose their information and what their rights are as a patient related to the PHI (protected health information) we collect about them.

The notice states that we are allowed to use a patient's information without their authorization for the purposes of treatment, payment, and health care operations. 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

The notice must also contain information on who the patient can contact about questions they have related to the notice. 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. SLHS has created the System Privacy Officer position to oversee the Privacy Office and respond to all questions and complaints.

Details about the Notice of Privacy Practices can be found in the policy ECPS-206 Notice of Privacy Practices.

46. When changes are made to the Notice of Privacy Practices, an updated copy must be made available.
- A. False
 - B. True
47. We may disclose information to law enforcement officials without the patient's authorization when the patient was victim to a crime, if the patient is incapacitated.
- A. False
 - B. True
48. We may disclose a patient's protected health information to federal officials for national security purposes.
- A. False
 - B. True
49. If a patient wants to file a complaint with the Department of Health and Human Services, we are to provide the address to the patient.
- A. False
 - B. True
50. The System Privacy Officer should be contacted for questions on the Notice of Privacy Practices, and when complaints need to be filed.
- A. False
 - B. True

ECPS-201: Restriction on Disclosure of PHI

A patient is permitted to request restrictions on the use and disclosure of their PHI (protected health information). In some situations, we may be required to agree to a patient's request. ECPS-201 describes when we must agree to a patient's request for restriction on the disclosure of their PHI to a health plan when the patient has paid in full for services. All requests for restrictions must be submitted in writing and will be reviewed for approval or denial by the receiving facility. We are not required to agree to all requested restrictions. The request for restriction will be reviewed and the decision provided to the patient.

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. 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.

The restriction request form is available on the SLHS webpage and on the I drive.

Details about restrictions requested by the patient can be found in the policy ECPS-201 Restriction on Disclosure of PHI.

51. The patient submits a restriction request after receiving their bill asking that we not use their PHI for payment purposes. Would it be appropriate for us to deny this request?
- A. Yes
 - B. No
52. The patient after discharge would like to restrict access to their information. What is the proper procedure?
- A. Contact administration
 - B. Request the restriction form
 - C. Contact risk management
 - D. Discuss with the physician
53. A call is received from the emergency department at an out of state hospital requesting PHI to treat a patient. The medical record in question contains a restriction request form that was approved to limit the disclosure of PHI outside the organization without an authorization. What is the appropriate response?
- A. Deny the request because of the restriction
 - B. Send the information in light of the emergency
 - C. Request an authorization from the patient
 - D. Contact Health Information Management

ECPS-248: Individuals Right to Access Records

An individual has the right to inspect and obtain a copy of their PHI (protected health information) that is contained within the designated record set for as long as the information is maintained. All requests from a patient to view or obtain copies must be done on a valid authorization form. The signed authorization form will be filed in the medical record.

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. As a courtesy the physician and possibly risk management/administration will be notified of all requests to review records during the treatment episode.

There are a few instances when a request for access will be denied and these are as follows:

- *The record contains psychotherapy notes or any information compiled for use in a court of law.*
- *The patient is an inmate of a correctional institution and if the information could jeopardize the health, safety, security, custody or rehabilitation of the patient or other inmates, or the safety of any person associated with the correctional institution.*
- *The record contains information that may put the patient's life or physical safety in jeopardy.*
- *The record contains information in reference to another individual that may be harmed.*
- *The request is made by the patient's personal representative and you have reason to believe that the disclosure could result in harm to the patient or another individual.*

Details about the patient's right to access records can be found in the policy ECPS-248 Individual Right to Access Records.

54. A patient requests a copy of her most recent medical record. The history and physical report contains information the physician has requested to be withheld from the patient due to the concern for the safety of a family member. Which of the following is/are true?
- A. Because the history and physical contains information that cannot be released, patient access to the entire medical record must be denied
 - B. The patient is allowed to receive copies of this record excluding the history and physical report
 - C. As the physician made the decision to withhold certain information from the patient, the organization is not obligated to explain to the patient why access is denied.
55. A patient sues a hospital for malpractice, claiming he suffered serious brain damage because of a surgeon's negligence. An expert witness analyzes the medical record and prepares a report. Patient X submits a written request for access to the expert's report. Do the HIPAA privacy regulations require the hospital to grant his request?
- A. Yes, because patient X has a right of access to his own PHI, and the report contains PHI about patient X
 - B. Yes, because the report contains information that's directly relevant to the hospital's malpractice
 - C. No, because the report was prepared for use in the malpractice lawsuit
 - D. No, because the report was prepared by a provider who didn't treat patient X.
56. Which of the following routine practices by health care organizations would be inappropriate under the HIPAA privacy regulations?
- A. A hospital doesn't let patients have access to their own PHI until after they've been discharged
 - B. A physician's office doesn't let patients have access to their own records unless they fill out a written request form.
 - C. A psychotherapist routinely denies any patient who requests it, access to his own PHI.

ECPS-209: Amendment of PHI

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

We will review the patient's request for amendment with the author of the information in question. A decision to approve or deny the request for amendment will be provided to the patient. If the request is denied the patient may ask for a review of the denial by committee. The final decision will be communicated to the patient and all of the communication will be filed in the patient's permanent medical record.

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.

Details about amendments to a patient's record can be found in the policy ECPS-209 Amendment of PHI.

57. Following review of their medical record, a patient calls the entity stating a discrepancy exists in the cause of injury. The employee should:
- A. Tell the patient that we'll have the doctor fix it
 - B. Send them a Request for Amendment form
 - C. Tell them there is nothing we can do
 - D. Make the correction to the information.
58. A patient calls the hospital about an incorrect medical condition in the physician office medical history. The employee should:
- A. Tell the patient there is nothing we can do because it is not part of the Organization's designated record set
 - B. Tell them we will fix it
 - C. Tell the patient that they should contact the physician's office to make the correction since the records originated there

- D. Transfer the individual to the Organization's Privacy Officer.

ECPS-226: Faxing

The use of fax machines to send PHI (protected health information) should be limited to 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. Proper procedures should be taken to verify the authority of the person requesting the information and when necessary obtaining an authorization. The SLHS Confidential Fax Coversheet should always be used when faxing PHI.

Frequently faxed numbers should be programmed into the fax machine if possible, to prevent the error of mis-keying the fax number. If manual entry of the fax number is required, the sender should verify the number entered on the machine with the requested fax number prior to hitting the send button.

Highly sensitive information such as mental health, substance abuse, sexually transmitted diseases, or HIV should only be faxed in an emergency situation. Prior to faxing PHI containing this information a test fax must be sent and have the receiver call to confirm the receipt before faxing the actual information.

In the event that incoming or outgoing faxed information is compromised the privacy office should be contacted.

Details about faxing patient information can be found in the policy ECPS-226 Faxing.

59. The receptionist at the doctor's office gets a call from ABC Insurance Company, asking that she fax over billing information for John Doe. Although the receptionist doesn't remember dealing with ABC Insurance Company before and is unfamiliar with it, the company sounds reputable. So, she sends the fax, as requested, after notifying ABC Insurance that a fax is being sent. What wrong steps did the receptionist take?
- A. None
 - B. Failing to verify the authority of an unfamiliar source
 - C. Faxing PHI in a non-urgent or routine situation
 - D. Both B and C.
60. A patient is brought to the Emergency Department for a drug overdose. Due to the patient's multiple suicide attempts, the Emergency Department needs the records from the patient's last visit in mental health. The Emergency Department sends a request to the mental health facility. What is the mental health facility required to do first?
- A. Nothing. Just send the fax as normal
 - B. Call the Emergency Department and verify the admission
 - C. Send a Test Fax to the Emergency Department to assure patient confidentiality
 - D. Do not send the records
 - E. Both B and C.

ECPS-204: Sanctions

It is the policy of SLHS to apply sanctions to anyone failing to comply with the privacy policies and procedures. Exceptions to the application of a sanction will be made if the use or disclosure was made for the purpose of filing some type of complaint or related to a criminal act. The severity of the sanction will be determined based on the following:

- *Severity of the violation*
- *If the violation was intentional or unintentional*
- *If the violation indicates a pattern or practice of improper use or release of PHI*

Details about employee sanctions can be found in the policy ECPS-204 Sanctions.

61. An employee receives a call from their neighbor asking them to look up a lab value for them from a test they had done earlier in the week. Should the employee be sanctioned for this type of complaint?
- A. Yes
 - B. No
62. A Kansas City Chief's player is admitted to the hospital. Numerous employees outside the patient's treatment area are discovered to have viewed his patient information in the computer. Should these employees be sanctioned?
- A. Yes

B. No

63. A nurse recognizes the description of a suspected criminal on the news as that of a recent patient. The nurse calls the police and provides them with the patient's name and address. Should a sanction be made for this action?

A. Yes

B. No

SLHS Privacy Training

Answer Sheet

1. _____	21. _____	41. _____	61. _____
2. _____	22. _____	42. _____	62. _____
3. _____	23. _____	43. _____	63. _____
4. _____	24. _____	44. _____	
5. _____	25. _____	45. _____	
6. _____	26. _____	46. _____	
7. _____	27. _____	47. _____	
8. _____	28. _____	48. _____	
9. _____	29. _____	49. _____	
10. _____	30. _____	50. _____	
11. _____	31. _____	51. _____	
12. _____	32. _____	52. _____	
13. _____	33. _____	53. _____	
14. _____	34. _____	54. _____	
15. _____	35. _____	55. _____	
16. _____	36. _____	56. _____	
17. _____	37. _____	57. _____	
18. _____	38. _____	58. _____	
19. _____	39. _____	59. _____	
20. _____	40. _____	60. _____	

Comments:

By signing this, I have completed my privacy training and understand all the policies and procedures that pertain to my job.

Signature of Trainee

Date of Hire/Appointment Date Completed

Print Name of Trainee

Managers

(for non-medical staff only)

I have reviewed and discussed all questions with the above trainee.

Signature of Manager

Date

Entity – Dept. – Ext. #

Please keep original copy of answer sheet in employee files. Document completion in department reports.