

## **HIPAA Information Basics**

HIPAA is the Health Insurance Portability and Accountability Act of 1996. Earlham must be in compliance with HIPAA's privacy requirements by April 14, 2004. Most of the compliance practices take place "behind the scenes" in the Business Office. Earlham's health plan is self-funded however, and that means that some information needs to be shared with all employees, in order for us to maintain compliance with the federal privacy rules.

Prior to April 14, 2004, you will receive a copy of the Earlham Privacy Practices Notice. This will provide more specific information about how medical information about you may be used and disclosed. At this point there are three basic things you should know: protected health information (PHI); payment, treatment or operation (PTO); and privacy official.

**Protected Health Information**, or PHI, is essentially any identifier which would allow someone to match medical information with an individual. For example, your name is considered PHI if it is at the top of a doctor's bill which identifies you as a patient. The complete list of PHI identifiers is available in the HIPAA Compliance notebook in the EC Business Office.

According to HIPAA privacy rules, PHI is only permitted for use for **Payment, Treatment or Operation**, or PTO. For example, employees in the Business Office and Accounting are permitted to handle PHI in order to work with Nyhart to maintain our health plan.

The **Privacy Official** is responsible for ensuring compliance with Earlham's privacy practices, accepting and investigating complaints regarding privacy practices, and documenting breaches in compliance. You should contact the Privacy Official if you have questions about compliance or if you think you or another employee may have violated the HIPAA privacy rules. Tammy Tomfohrde is the current Privacy Official.

### **What supervisors need to know**

Remember that PHI can only be shared for payment, treatment or operations (PTO) purposes. Any medical information you receive from an employee under your supervision is to remain confidential **UNLESS and UNTIL** you have permission from the employee to share it with others. If an employee is absent for medical reasons or has been approved for a medical leave, that information is confidential and should be kept between you and the supervisee. You can report that the employee is absent, but if it is for health-related issues, it must be left to the employee to share that information with others. Only if you have asked for **and received** permission from the employee may you share information with co-workers. **Do not publish any medical information about an employee to the faculty or staff listserves, the Newsletter or Around the Heart without written permission from the employee. Forward a copy of the written permission to the Business Office.**

This also affects our process for requesting documentation from physicians for use of sick time. Supervisors are still permitted to require this documentation; if the supervisee is enrolled in Earlham's health plan, we will need to request authorization from the employee to acquire it from the health provider. The authorization form is available in the EC Business Office.

### **What all employees need to know**

HIPAA privacy rules do differentiate between "gossip" and PHI. If you hear health information through the grapevine (not directly from the employee or their health providers), you can talk about it conversationally. However, if you acquire the information directly from the employee or any of their health providers, you need to ask for permission before sharing that information with others. **Do not publish any medical information about an employee to the faculty or staff listserves, the Newsletter or Around the Heart without written permission from the employee. Forward a copy of the written permission to the Human Resources Office.**

Reporting a death (employee or family member) is not a violation of privacy rules. Reporting that the death was the result of a medical condition **could be** a violation if the person was covered by Earlham's health plan.

**What happens if there is a violation?**

Contact the Privacy Official. The violation will be investigated and could be addressed through education, retraining or disciplinary action.

At the federal level, Health and Human Services (HHS) is responsible for investigating violations and issuing penalties. Each violation can carry a financial penalty of up to \$25,000.

On a personal level, imagine the loss of privacy and control that employee would feel, if he or she did not want his or her health information to be traveling the grapevine – or if he or she only meant to share it with you and not with an entire department or the campus.

Contact the Privacy Official if you have any questions. You can learn more about HIPAA at the Health and Human Services website: [www.hhs.gov](http://www.hhs.gov).