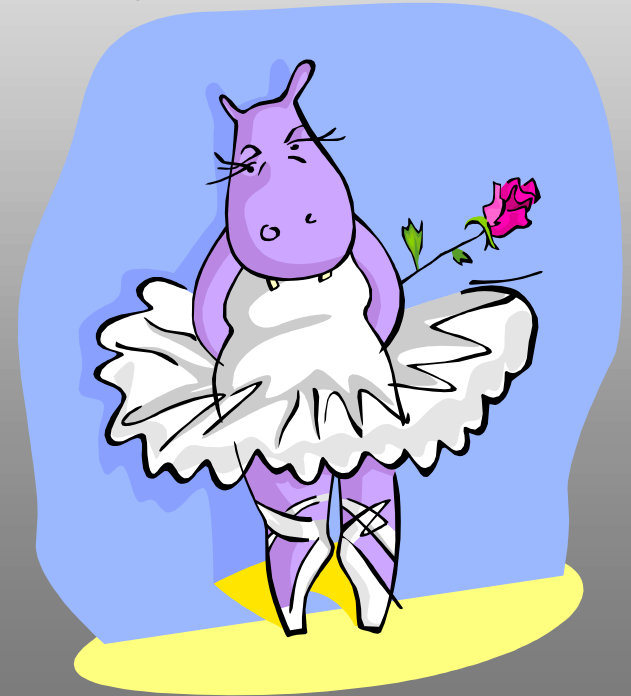


Practical Applications to HIPAA

Robyn Ames
Northern Michigan CMH

First

- **Why HIPAA (the Health Insurance Portability and Accountability Act of 1996) is NOT a bad word.**



How Northern Michigan CMH got started

- **April 2001: NMCMH Recipient Rights Officer attended staff meetings at all direct sites and contract provider meetings to inform them that “HIPAA is coming”.**
- **July 2001: NMCMH HIPAA Action Teams formed**

HIPAA Action Team Charge

- **“Learn the HIPAA standards, conduct an assessment and recommend a course of action to put NMCMH into compliance”.**

Action Team Members

- **Information Systems, Secretarial, Therapist, Nurse, Service Coordinator, Outpatient Supervisor, Contract Rep., Recipient Rights, Workshops, Psychologist, and Network Manager.**



Consumer Role

- **The NMCMH Consumer Council agreed to receive HIPAA action team reports and review necessary documents.**

Information?

- **Oral or recorded in any form**
- **Relates to the past, present or future physical or mental health condition**
- **That identifies the individual or could reasonably be used to identify the individual**

= Protected Health Information

A little bit about Security...

- **HIPAA Security Regulations are not final yet.**
- **But.... Behavioral Health Agencies should already be practicing a lot of the proposed regulations due to Mental Health Code, BBA, 42CFR....**
- **So, we upgraded our Information Management Procedures to get in line with this. This included training our staff.**

Privacy Action Team:



- **The (first) Final Privacy Rules (total of 86 pages) were separated into the key provisions (see attachment 1). Each individual took one set and reviewed. The team used information they received from training and information available on the Internet. (See Internet list).**

Privacy Action Team: (cont)

- **We then reviewed NMCMH existing Policies and found that the Recipient Rights Policies could have HIPAA language added where appropriate. We also came to the conclusion that we already had a lot of the protections in place for Protected Health Information but have not always followed the written procedures. (Cultural change—see employee survey)**

Privacy Action Team:

- **Action Team made recommendations to Leadership and reported to QI council.**
- **See attachment 2**

Developing the HIPAA Notice

- **The HIPAA privacy rule mandates that all covered entities have a HIPAA Notice which is a document setting forth how consumer information may be used and disclosed by the entity as well as setting forth patient rights under HIPAA and the entity's legal duties under (HIPAA)**

Notice Requirements:



Notice Requirements:

Mandatory Title

- **“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY”.**

Notice Requirements:

Descriptions of Uses and Disclosures

- **The practice's HIPAA Notice must include a description (and at least one example) of the types of uses and disclosures that the CMH is allowed to make under HIPAA for Treatment, Payment and Health Care Operations.**
- **The HIPAA Notice must contain a description (but no examples) of all the other purposes under HIPAA for which the practice can use and disclose information without the person's written authorization, and a statement that all other uses and disclosures will only be made with the person's authorization (which the person may revoke).**

Notice Requirements:

Optional Elements:

- **If the agency intends to provide appointment reminders or other activities then the agency must include this information in separate statements in its Notice.**

Notice Requirements:

Rights

- **The Notice must include a list of rights under HIPAA along with a description of how the person may exercise the following rights:**

Notice Requirements:

Rights

- 1. Right to request restrictions on certain uses and disclosures along with a statement that the agency is not required to agree to the restriction**
- 2. Right to receive confidential communications of the person's information**
- 3. Right to inspect and copy records**
- 4. Right to request an amendment of the person's information**
- 5. Right to receive an accounting by the agency of certain specific disclosures of protected health information by the agency to outside parties; and**
- 6. Right to receive a paper copy of the Notice from the agency.**

Notice Requirements:

Rights

- (Sound familiar? Michigan Mental Health Code would agree😊)

HIPAA and State Law

- **Rule:**
- **If the law increases privacy go with that.**
- **If the law permits greater access go with it.**

HIPAA and State Law

- **MHC 330.1748(4): For case record entries made subsequent to March 28, 1996.... HIPAA 164.524 Access of individuals to protected health information (1) Right of Access: ...an individual has a right of access to inspect and obtain a copy of protected health information about the individual in a designated record set, for as long as the protected health information is maintained in the designated record set.**
- **HIPAA: if you deny access= appeal right**

Notice Requirements:

Agency Duties under HIPAA:

- **1. Provide a HIPAA Notice**
- **2. Maintain the privacy of people's information**
- **3. follow the terms of its Notice; and**
- **4. Reserve the right to change the Notice by setting forth a statement in the Notice if it intends to do so.**

Notice Requirements:

Complaint Procedures

Must include in Notice a statement that a person has the right to complain to the agency as well as DHHS if they believe their privacy rights have been violated; a brief statement of how the person may file a complaint and a statement that the person will not be retaliated against by the agency for filing a complaint.

Notice Requirements:

Contact Information

- **The agency must include a name or title and telephone number of a person to contact for further information relative to HIPAA.**

Notice Requirements:

Effective Date

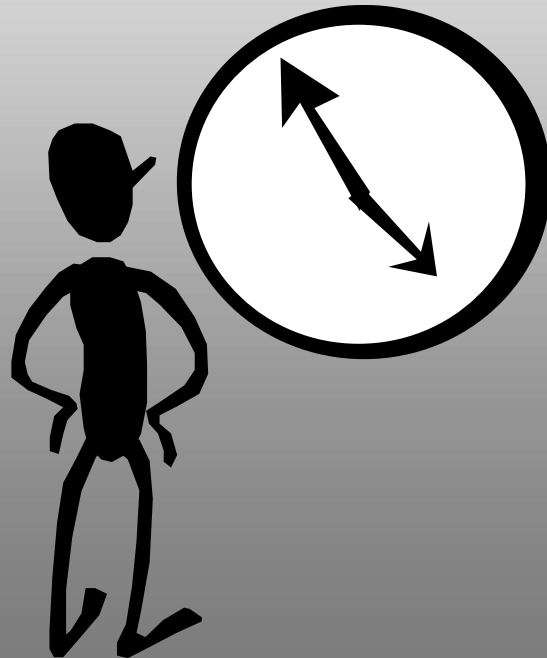
- **The Notice must also contain the date on which the practice put the Notice in place, which cannot be earlier than the date on which the Notice is published. (The effective Date cannot be later than April 14, 2003).**

What we did cont....

- **At NMCMH we conducted an employee survey. We attached the anonymous survey with each employee's paycheck. (See Attachment 4).**
- **After reviewing the findings from this survey the team felt that we have current policies that cover much of HIPAA and we need to start educating staff on these (that cultural change again). One example: Network Manager assisted every employee to create a password to protect his or her screen saver).**

What we did...

- **March 2002: We received the proposed changes to HIPAA. We reviewed and waited.**



Action Team...

- **August 14TH, 2002: Final, Final regulations approved. Changes were in the areas of:**
- **Providing the Notice: Allows for the Notice to be given at a later date due to an emergency situation**
- **Consent of Notice: no longer required.**

Action team...

- **Acknowledgment of Notice: Requires a “good faith effort” to obtain a written acknowledgment. HIPAA does not require any particular format or wording.**

Acknowledgment Options

- 1. Developing a separate brief form that states, “I acknowledge that I have received the Notice of Privacy Practices” with a signature and date line.**
- 2. Developing the Notice in two-part form so that the person can sign one copy that can be retained by the agency.**
- 3. Developing the Notice in a form that includes a tear off section at the bottom for the person’s signature that can be retained in the chart.**

NMCMH Notice

- **After our final draft was completed we asked Consumer Council to review.**
- **We also called our attorney to review.**

TRAINING

- **All employees received training at 2002 Annual Training on “Protecting Client Information”. This training is required for every employee as well as documentation that it was provided. It is required for every new employee during his or her orientation.**

HIPAA standing committee

- Not required!
- This would include staff and clients. One of the tasks of this committee will be keeping staff up to date on any changes and to review complaints.

The Future:

- **Keep an eye on Proposed Security Regulations-Sometime in 2002?**
- **Develop Authorizations**
- **Stay calm☺**

