



# Hot Topics Update: HIPAA Highlights

N.C. Local Health Directors' Legal Conference

April 2018



## DEFINING YOUR ENTITY



## Hybrid entity

- A HIPAA-covered entity that has both covered functions and non-covered functions
- In other words, the entity has some programs/services/activities/functions that have to comply with HIPAA and some that don't



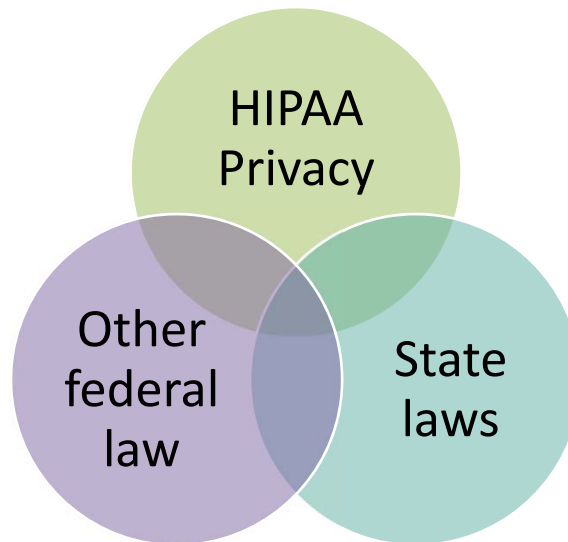
## Time for a reboot?

- LHDs are encouraged to revisit their hybrid entity designations, especially if:
  - New consolidated agency
  - Programs/services added or ended
  - Current designation more than a couple years old
- No templates or required forms, but there is a specific HIPAA provision that outlines what has to be in a hybrid entity designation
  - 45 CFR 164.105(a)

## Why is it important?

- To know which programs and which workforce members must comply with HIPAA
- Recognize there are two separate but related questions:
  - Must a program/service/activity comply with HIPAA?
  - Is the information held by the program/service/activity confidential?
- First question is answered by hybrid entity designation; second question is answered by whether confidentiality laws apply

### LHDs are subject to multiple confidentiality laws



## FAQs with answers that depend in part on what the hybrid entity designation says

- What are the rules for disclosing particular information?
- Suppose information has been used or disclosed improperly. Is the incident subject to the HIPAA breach notification process?
- Which information in your entity does the HIPAA security rule apply to?
- Which vendors do you need business associate agreements with?
- Which workforce members have to take HIPAA training?

## HIPAA RIGHT OF ACCESS



## Individual right of access

- An individual has a right to inspect and obtain a copy of the individual's PHI that is in a *designated record set*, which includes:
  - Medical records
  - Financial records
  - Other records used to make decisions about the individual
- Limited exceptions:
  - Psychotherapy notes
  - Information compiled in anticipation of litigation (but individual still may access underlying records/info)

## When can right of access be denied?

### Unreviewable grounds

- PHI requested is under one of the exceptions
- PHI associated with research, if individual has agreed in advance to temporary denial as part of research consent
- PHI was obtained from someone other than a health care provider under promise of confidentiality
- Inmate of a correctional institution can be denied a copy (but not access) in some circumstances

### Reviewable grounds

- Licensed HCP determines access requested is likely to endanger life or physical safety of individual or other person
- PHI makes reference to another person and licensed HCP determines access is likely to cause substantial harm to that person
- Access request is made by personal representative and licensed HCP determines provision of access is likely to cause harm to individual or another person

## Who has the right of access?

### Individual

- The person who is the subject of the PHI (aka patient or client)



### Personal representative

- Person who makes health care decisions on behalf of an individual



## Right of access & 3<sup>rd</sup> parties

- Individual who wants to direct PHI to a third party can use the right of access to do so, rather than the HIPAA authorization process

## Individual can choose ...

“Give my information to me”



“Give my information to another person/entity that I specify”



## Responsibilities of covered entity

- If information requested using right of access, must follow the requirements in the right of access rule:
  - Must provide (unless ground for denial)
  - No later than 30 calendar days (much sooner if possible)
  - In the form the individual requests (paper, electronic)
  - Via the transmission mode the individual requests
  - Any fees charged are subject to HIPAA limits (reasonable, cost-based but not including costs of search/retrieval)

## Responsibilities of CE (cont.)

- May require requests for access to be in writing
- The CE must verify the person's identity
- However, procedures must not create a barrier to access or cause unreasonable delay
  - For example: HHS says you can't require a person to appear in person

## Some of the questions this raises



- What form will agency use for written requests for access?
- How will you deal with requests in a way that doesn't create barriers or unreasonable delays but still satisfies duty to verify identity?
- Do you need any new policies or procedures to ensure compliance with timeliness, fee limits, other requirements?



## HIPAA Resources

### Hybrid Entity

- 45 C.F.R. 164.105(a)

### HIPAA Right of Access

- HHS Guidance on Individual Right of Access:  
<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html>
- 45 C.F.R. 164.524

### Materials for HIPAA Critical Updates workshops

- Available through [ncphlaw.unc.edu](http://ncphlaw.unc.edu)
- Click on SOG Public Health Law Training
- Scroll down to HIPAA Critical Updates Workshops



## HIPAA Training

### Online modules (forthcoming summer 2018)

- Introduction to HIPAA
- Using and Disclosing Protected Health Information
- Breach Notification

### Workshops: HIPAA & NC Local Health Departments – 2018 Critical Updates and Tools for Compliance & Training

- May 16: Greenville
- May 21: Raleigh
- May 23: Boone

These trainings are a joint project of the NC Institute for Public Health and UNC School of Government, made possible by funding from the NC AHEC Program.

