

# Critical Updates for HIPAA Officers in NC Local Public Health Agencies

NC Public Health HIPAA Alliance  
September 2016

## HIPAA Regulations

### Privacy

- 45 CFR Part 160 and Part 164, Subpart E

### Security

- 45 CFR Part 160 and Part 164, Subpart C

### Breach Notification

- 45 CFR Part 164, Subpart D

### Enforcement

- 45 CFR Part 160, Subparts C, D, E

## Privacy

### Use & Disclosure of PHI

- Rules for when use or disclosure is allowed and what conditions must be met
- Related issues:
  - Personal representatives
  - Minimum necessary
  - Verifying identity & authority
  - Info with additional legal protections (such as HIV)

### Individual Rights

- Notice of Privacy Practices
- Right to request additional privacy protection
- Right of access
- Right to amend
- Accounting of disclosures

## Security

### Core requirements

- Ensure confidentiality, integrity, & availability of ePHI
- Protect against reasonably anticipated threats to security or integrity
- Protect against unauthorized uses/disclosures of ePHI
- Ensure compliance by workforce

### Safeguards

- Administrative, technical, and physical
- The foundational administrative safeguard is the security management process – risk analysis and risk management

# Breach

## Identifying a breach

- Unauthorized acquisition, access, use, or disclosure of PHI that compromises the privacy & security of the PHI

## Breach notification

- Timeframes and notification details (what, to whom, using what method) spelled out in rule

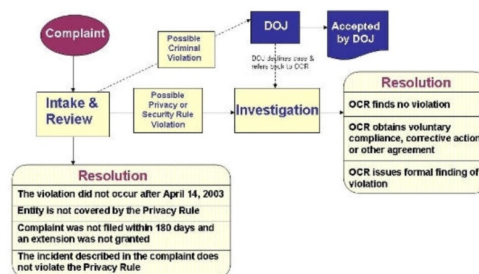
## Appropriate follow-up

- Employees: may need to apply sanctions policy
- Entity: may need to revisit training or policies/procedures

# Enforcement

- OCR enforces Privacy & Security Rules
- May be complaint-driven or an audit

HIPAA Privacy & Security Rule Complaint Process



## Administrative Issues

### Entity and officers

- Hybrid entities: Covered functions & business associates
- HIPAA officer(s)

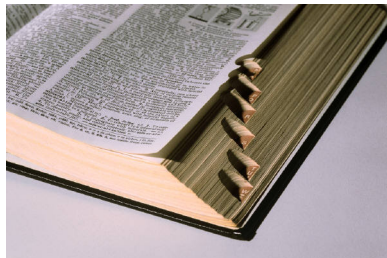
### Policies & procedures

- Some required by rule, some

### Workforce issues

- Training in *your* HIPAA policies & procedures
- Sanctions policy developed locally & taking into account applicable personnel policies (SHRA or county)

## Important terms



- Covered entity
- Workforce
- Protected health information (PHI)
- Electronic protected health information (EPHI)

## Covered entity and workforce

### Covered entity (CE)

- Health plan
- Health care clearinghouse
- Health care provider who transmits health information electronically in connection with a HIPAA transaction (billing, claims, eligibility inquiries, etc.)

45 C.F.R. 160.103

### Workforce

- Employees, volunteers, trainees, and other persons whose conduct in the performance of work is under the direct control of a CE or business associate



## Protected health information (PHI)



Information or records in any form (paper, electronic, spoken) that identifies an individual and relates to any of the following:

- Physical or mental health status or condition
- Provision of health care
- Payment for provision of health care



## Electronic protected health information (ePHI)



PHI that is transmitted or maintained in electronic media.

- Storage media
- Transmission media



## Resources: Starter Kit

- HIPAA Regulation Text
- HHS Website – HIPAA for Professionals  
<http://www.hhs.gov/hipaa/for-professionals/index.html>
- ONC website – HealthIT.gov