Compliance and HIPAA Training

Introduction
NWH has policies to make all employees, staff and volunteers aware of their responsibility to act in an ethical manner. The policies also show you how to comply with laws and regulations, including the confidentiality laws and regulations. Therefore, the NWH Compliance Program sets the expectation that all employees conduct themselves with honesty and integrity in their daily work. This training program highlights the key elements of our compliance standards.

Here’s what **YOU** need to know
- The Hospital’s ethical and legal standards
- How to locate/access Hospital and Departmental policies and procedures
- Your responsibility to follow policies, procedures, and standards
- How to report unethical behavior including the use or inappropriate release of patient information, suspected breaches, or any other questionable behavior
- What to do if you have questions or concerns
- How to make suggestions for improving the Compliance Program

Our Ethical and Legal Standards

- Your Department orientation provides information and training for the specific laws, regulations, standards, policies and procedures, which apply to your job.

- **Code of Conduct – “A Guide to Ethical Standards at NWH”**
  - This booklet provides information on many compliance standards. It also explains how to handle situations where there may not be a specific rule, policy or procedure in place.
  - Every employee, volunteer is expected to read this packet
  - Located on the NWH Intranet
    - Click on Departments, then
    - Click on Corporate Compliance, then
    - Click on Compliance and the document will begin to load

- **Hospital Ethical Requirements**
  - All staff share a responsibility for keeping the Hospital be free from:
    - Discrimination and harassment
    - Intimidating or offensive comments or conduct
    - Violent behavior or threats
    - Possession of dangerous weapons
    - Possession, use, distribution or sale of drugs, controlled substances or alcohol

- **Medical Record Compliance**
  - You must prepare all documentation about a patient encounter in a timely manner and with complete, specific and clear information.
  - You must document accurately what occurred during the patient encounter.
  - Billing is based on documentation. If audited, NWH will have to return any money it received for services billed that are not properly documented.
  - It is illegal to backdate documentation in order to be paid.
Confidentiality

- State and Federal Regulations govern patient confidentiality.
- Most people have heard the term “HIPAA”. HIPAA (Health Insurance Portability and Accountability Act) is the Federal law enacted in 1996 to ensure all states adhere to the same law for protecting patient information.
- The Health Information Management (HIM) Department oversees release of information practices.
- The Director of HIM is the Privacy Officer.

Key Points to Protect Privacy:

- We must all protect any information that contains patient information. This applies to electronic information, paper and verbal communication.
- Information we’re required to protect under HIPAA include:
  - Patient’s name
  - Patient’s address
  - Social security number
  - Medical record number
  - Any other information that could identify a patient
- No one can access patient information (again electronically, paper or verbally inquire) unless they need to know the information to perform their job.
- If your job requires you to look up a particular patient you may only access the “minimum necessary” information. Example: if in order to do your job you need to look to find the last time the patient was admitted, then it’s ok to look at the visit history in PCI.
- Never look up information to satisfy your own curiosity. Example: looking up a co-worker’s address or date of birth so you can send a card. This would be considered a breach of confidentiality, as you did not have a business need to access the information.
- You must receive authorization from the patient before you release patient information.
- Patients have a right to request information in their record be amended. These requests must be forwarded to the Privacy Officer in HIM.
  - Although HIPAA gives patients rights to make the request, for amendment, the Hospital has 60 days to review the request and can either agree or deny the request.
- Never share your password. Memorize your password and never write it down.
  - If you forget or suspect someone has your password, report it to the Hospital Information Services (HIS) department and they will issue you a new one.
- Practice safeguarding patient information in your work areas.
  - Make sure you do not have any PCs displaying patient information in public view/access.
  - Also, make sure that fax machines and printers are not in public view/access.
    - Always COMPLETE a cover sheet and use when sending a fax with patient information.
    - This includes inter-hospital faxes, as a fax could mistakenly go to an incorrect department.
  - Always dispose of patient documentation in a confidential bin.
Never discuss patient information in public areas (hallways, elevators, cafeteria).

When speaking on the phone be aware of your surroundings and who could overhear your conversation.

If you need to take patient information offsite, please contact your supervisor/manager to obtain their permission.

Social Media
- You are expected to use good judgment in your personal social media activities.
- Even private postings on social media sites may constitute a public communication; you should follow NWH standards regarding confidentiality, truthfulness, and respect for others.

Proprietary Information
- You must not share NWH proprietary information with outside individuals, such as competitors, suppliers or outside contractors unless you have been specifically authorized to do so.
- Proprietary information includes business strategies, pricing information, financial data, research protocols and intellectual property.

Identity Theft
- Unfortunately, identity theft to obtain health care services is on the rise.
- Some triggers that a patient may be using another individual’s identity to obtain health care services include:
  - Signing a different last name than the name on their identification (driver’s license, insurance card)
  - Unable to recall the most recent visit to NWH
- Should you suspect identity theft, please contact your supervisor or manager immediately, who in turn should contact the Public Safety Department.

Know how to locate/access Hospital and Departmental policies
- NWH Intranet has updated policies/procedures.
  - If you need help accessing these documents, speak with your manager of supervisor
  - Your Departmental orientation provides you with specific policies relevant to your job.

Reporting unethical use or inappropriate release of patient information, suspected breaches, any other questionable behavior, and escalating concerns and questions
- It’s YOUR responsibility to report
- If ever unsure in a situation as to whether or not to report an issue or just have a question, take one of the following actions:
  - Speak to your Supervisor, manager or Director
  - Contact the Privacy Officer (located in HIM)
  - Contact the Compliance Officer (located in Administration)
  - Call the confidential Help Line
    - (800) 858-1752
    - Used for reporting any issues when you don’t want the complaint traced back to you
• Available 24 hours/day, 7 days a week
• Toll free
• Answered by professionals that don’t work at NWH
• Does not have caller ID, recording devices or tracking capabilities.
• Calls received on this line are forwarded to our Hospital Compliance Officer who in turn will review and investigate.
  o We have a Non-Retaliation Policy - this means you will not be punished for reporting concerns in good faith.
  o We are obligated to report the following
    • Breaches of Confidentiality
    • Unethical behavior

 Making suggestions for improving the Compliance Program
  o If you have ideas for improving our compliance program please forward them to your manager, supervisor, or the Compliance Officer.
  o Your suggestions will be reviewed by and discussed at the Compliance Committee meetings.

 Closing Thoughts
  o Sometimes it’s difficult to decide if something is consistent with our compliance and ethical behavior standards.
  o If you ask yourself the following questions, it will assist you in being ethically and legally compliant:
    q Does the action I’m observing/doing comply with the laws, regulations, policies and procedures at NWH?
    q Does the action protect and serve the best interests of our patients and staff?
    q How do you feel about the actions you’ve observed? Do you feel it’s right to walk away and not tell a supervisor, the Compliance Officer or Privacy Officer about the situation?
    q Do you keep playing the same scenario over and over in your head?
  o Trust is at the core of the patient and caregiver relationship
  o Your individual actions are a reflection on the hospital
  o Follow the highest ethical standards in all that you do

Reviewed 12/13
Confidentiality Agreement

Newton-Wellesley Hospital, a member of Partners HealthCare System, has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Newton-Wellesley Hospital must assure the confidentiality of its employee, payroll, fiscal, research, computer systems, and management information. In the course of my employment/assignment at Newton-Wellesley Hospital or a Partners affiliate, joint venture or a Partners organization/practice, I may come into the possession of confidential information. By signing this document I understand the following:

1. Access to confidential information without a patient care/business need-to-know in order to perform my job---whether or not that information is inappropriately shared---is a violation of this policy. I agree not to disclose confidential or proprietary patient care and/or business information to outsiders (including family or friends) or to other employees who do not have a need-to-know.

2. I agree not to discuss confidential patient, employee, payroll, fiscal, research or administrative information where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient’s name is not used. This can raise doubts with patients and visitors about our respect for their privacy.

3. I agree not to make inquiries for other personnel who do not have proper authority.

4. I know that I am responsible for information that is accessed with my password. I am responsible for every action that is made while using that password. Thus, I agree not to willingly inform another person of my computer password or knowingly use another person’s computer password instead of my own.

5. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Partner’s computer systems to unauthorized locations, e.g., home.

6. I agree to log off a Partners workstation prior to leaving it unattended. I know that if I do not log off a computer and someone else accesses confidential information while the computer is logged on with my password, I am responsible for the information that is accessed.

Newton-Wellesley Hospital, Partners HealthCare System, its affiliates and joint ventured, and Partners Community HealthCare have the ability to track and monitor access to on-line records and reserves the right to do so. Newton-Wellesley Hospital, Partners HealthCare System, its affiliates and joint ventures, and Partners Community HealthCare can verify that those who accessed records did so appropriately.

I have read the above special agreement and agree to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of privileges. I understand that in order for any User ID and/or Password to be issued to me, this form must be completed.

____________________________________________
Signature of Employee / Physician / Student / Volunteer / Non-Partners Personnel Date

____________________________________________
Print Name