

2023 HIPAA REVIEW FOR VOLUNTEERS



All Dignity Health employees, business associates, contractors, and **volunteers** are responsible for taking an active role to protect patient and confidential information.

FEDERAL AND CALIFORNIA STATE LAW:

- Prohibits unauthorized access, viewing, use or disclosure of Protected Healthcare Information (PHI) without a treatment, payment, or business operations need
- Since January 1, 2015, breaches of PHI must be reported to the California Department of Public Health (CDPH) and to the patient involved **within 15 business days**. The violation's name is required to be submitted in the report to the CDPH.
- Even if you do not deal with patient information directly, confidential or sensitive information should be treated with the same precautions as PHI. This includes data about Dignity Health staff (employees, volunteers, physicians, etc), fund raising contacts, etc.

YOU are responsible for protecting documents containing PHI from view by using cover sheets, and placing all PHI in a locked shredder bin if no longer needed at the end of your shift. If using a computer, keep electronically displayed information from view of unauthorized individuals **Do not leave documents with PHI or confidential information unattended.**

YOU are also responsible for immediately reporting a known or suspected privacy or data security incident.

YOU must use PHI only within the scope of your volunteer service. You may only access the minimum necessary information to complete your assignment.

Report possible privacy breaches IMMEDIATELY to

- Facility Compliance Professional (FCP). SJMC's FCP is **Leslie Nelson at 661-632-5029 or leslie.nelson@dignityhealth.org**.
- If unable to reach FCP, call Volunteer Services Department 661-663-6700 staff for direction. If no one is available, please contact Administration and ask for assistance.
- **Dignity Health Privacy hotline-1-800-938-0031** or email privacy.office@dignityhealth.org

INCIDENTAL DISCLOSURES

- In the course of routine communications, PHI may sometimes be mistakenly disclosed. An example is in a busy ER, a discussion between a patient and doctor may be overheard by another patient/family. This is considered an **incidental disclosure** and is not a HIPAA

violation as long as reasonable safeguards are in place (speaking in lowered voice, using privacy curtains, etc.)

- Another example of permissible incidental disclosure is a patient sign-in sheet, as long as clinical information is not requested on the sheet.

PENALTIES for Privacy Breaches

- Maximum penalty per violation up to \$50,000 and caps on penalties for all similar violations is at \$1.5 million.
- California state law authorizes penalties of \$25,000 per patient, up to \$250,000 and \$100 per day for failure to report.. This is in addition to any federal penalties or fines.
- **Individuals** are subject to penalties (this means YOU). Individuals who knowingly, willfully or negligently obtain or disclose PHI may be liable from \$2,500 to \$250,000 per violation.

COMPUTER NETWORK ACCESS

- Never share your password or use another user's password. Log out of workstation computer when leaving it unattended or at end of shift.
- Use the network for Dignity Health business only.
- Contents and history of a user's network session and activity are property of Dignity Health. Dignity Health regularly monitors user activity. Any user activity while logged onto the Dignity Health network is not private or personal.

SOCIAL MEDIA & CELL PHONE SECURITY

From Facebook to Twitter to Instagram to personal blogs and newsgroups, social media is a popular way of communicating and holds tremendous promise, but also carries significant risks.

- NEVER post confidential or sensitive information on the internet, including personal emails, even if there is NO name! **Any information that could be used to identify a patient is PHI.**
- Inappropriate postings can seriously damage Dignity Health's reputation and could result in individual liabilities.
- Do NOT use cell phones or cameras to photograph a patient or anything that could capture PHI.

- **Do NOT text message patient name and/or room number using personal cell phone.** PHI must be transmitted securely and your personal cell phone is not protected from unauthorized disclosure.

PRIVACY RIGHTS EXTEND TO FELLOW VOLUNTEERS/EMPLOYEES

If YOU are the patient:

- You have the same rights as every other patient
- You have the right to opt out of the patient directory
- You have the right to ask that a colleague/employee not be present during an exam/procedure, or when your health information is being discussed.
- Don't feel guilty for asking for privacy!
- Don't feel obligated to have a colleague present because you have worked with them for a long time and don't want to hurt their feelings.

If your COLLEAGUE is a patient:

- Respect his/her privacy as you would any other patient's privacy
- If you know your colleague is a patient and has opted out of the patient directory, do NOT visit him/her.
- If you are asked not to visit or to exit, don't take offense
- If you come across any medical documents related to a colleague, respect their privacy!