

(H) HEALTHSOUTH
HIPAA Student Training / Orientation

Confidentiality and Privacy mean that the patients have the right to control who will see their protected health information. With the enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient's right to have his/her health information kept private, secure and confidential became more than just an ethical obligation of healthcare providers; it became a federal law.

Protected Health Information (PHI) includes patient identity, address, age, social security number and any other personal information that patients are asked to provide. In addition, protected health information includes why a person is sick or in the facility, what treatments and medications he/she may receive, and other observations about his/her condition or past health conditions.

Healthcare providers use information about patients to determine what services they should receive. Ask yourself before looking at any protected health information:

- Do I need this in order to do my job and provide quality care?
- What is the least amount of information I need to do my job?

Depending on your task, if you do not need to know confidential patient information, then you should not access to it.

Ways to protect a patient's privacy include:

- Keep discussions about patient care private if reasonably possible by closing doors, pulling curtains and conducting discussions so that others cannot overhear.
- Keep medical records locked and out of public areas.
- If you find that you are overhearing someone else discuss patient information, politely remind the individual of the privacy policies and let them know they can be overheard.
- Do not release any patient information, unless authorized by the patient.
- Do not leave messages on answering machines regarding patient condition or test results.

If there are persistent problems regarding the breach of confidentiality or you have any questions, please notify or contact your supervisor.

As a student at the HealthSouth Facility, I recognize the patient's right to confidentiality and agree to abide by the Patient's Bill of Rights as posted within the facility.

Additionally, I agree that information relating to a patient's physical and/or emotional status will not be released or discussed except as needed for the care of that patient.

I also understand that breaking HIPAA's rules and regulations can mean either a civil or criminal sanction (penalty).

My signature below indicates that I have read the above information, understand the above information and will abide by the policies and procedures of the facility.

Date

Student Signature

Student Name

Employee Signature

Employee Name