

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules
Guidelines for the Julia M. Davis Speech-Language-Hearing Center

The Julia M. Davis Speech-Language-Hearing Center in the Department of Speech-Language-Hearing Sciences adheres to all guidelines established by the University of Minnesota to comply with the HIPAA rules. The central goal of these guidelines is to secure Protected Health Information (PHI) from unauthorized access and release.

A. Definitions:

1. PHI includes:

- Any *individually* identifying information (name, address, telephone or email contact).
- Information about the clinical case, including history, test results, diagnosis, treatment plan, recommendations, and other pertinent details related to case service delivery.

This information may not be released to unauthorized users in any form (e.g., orally, in written form, or electronically) without a signed formal written consent (Release of Information To/From).

2. Authorized access to PHI is granted to:

- Departmental Clinical Supervisors
- Departmental Graduate Student Clinicians working with a client
- Departmental Faculty consulting with a supervisor or student on a specific case
- Departmental support staff assisting with clinical administration or record keeping (e.g., reception staff, accountant, departmental administrator, practicum assistant)
- Other university employees who contract for clinical services to comply with mandatory employment or participation agreements (e.g., audiograms for annual hearing status)
- Commercial vendors who supply products for prescribed individual treatment (e.g., hearing aid vendor)

3. Unauthorized access:

- External supervisors or providers not a part of our department. These parties may only have access to this information with **signed formal written consent (Release of Information To/From)**.
- Casual parties (roommates, family, friends, and co-workers)

B. Implementation Strategies:

1. Every client who attends JMDSLHC will sign a Release for Clinical Education Purposes at the time of the first visit. This release expires 10 years from the date of signature.

Individuals who are not willing to sign this release may not be seen for services in this clinic. Clients may contact the clinical supervisor or the Director of Clinical Programs for more information or questions about this policy.

2. All Protected Health Information (PHI) for all clients who attend JMDSLHC will be secured by faculty, staff, and students in the Department of Speech-Language-Hearing Sciences. No PHI and no original clinical records (test forms, raw data, videos, protocols, reports) or folders may leave Shevlin Hall. These must always be kept secure in a supervisor's office or a central clinical filing cabinet in a locked space. In nonpublic areas (e.g., filing cabinets, schedule books, billing records, etc.), every faculty, staff, and student must secure records that contain PHI (e.g., locked storage, password protected computer files).

3. Assign and use a clinical code to prevent unauthorized access to PHI:

In all written records (test forms, chart notes, report drafts, including e-communications) replace individual identifiers with a 12-digit alphanumeric code to “de-identify” clinical records:

- first four letters of the supervisor’s last name
- first two letters of client’s last name
- first two letters of the client’s first name
- 4-digit month and year (MMYY) of the client’s signed “Release for Clinical Education Purposes”

Example: Mark DeRuiter supervises a client named Jessica Anderson, whose intake was in March, 2003: DERU-ANJE-0303

Note that client intake forms, chart file names, and final reports will be printed with accurate and relevant PHI; but all other written and electronic records, including report drafts and chart notes must use ONLY clinical codes to allow greater working flexibility (e.g., Xeroxing records) *without* releasing individually identifiable information.

For example, students may take copies of case-related paperwork home or to other study areas; but they should never include discernable identifying information. Use clinical codes instead. Students and supervisors also rely on electronic communications (often to and from home computers) for case-related planning, feedback, and paperwork. Again, use clinical codes only. Do not store PHI on hard drives.

4. Students will send their final, approved drafts of clinical reports to clinical supervisors in Shevlin for “re-identification” (e.g., replacing clinical codes with actual PHI: name(s), address, relevant dates, and other individually identifying information). Supervisors will thus have responsibility for printing out final copies of reports. This procedure allows us to contain PHI within Shevlin Hall.

5. Prevent unauthorized access to PHI (verbal, written, or electronic) by maintaining case confidentiality. Remove individual identifiers from all public areas, including reception areas, clinical suites, offices, and student rooms. Discussions about specific aspects of a clinical case are permissible as long as no identifying information is released to unauthorized users. Be mindful of departmental settings that are vulnerable for breach of confidentiality, including the observation booth, student and faculty lounges, waiting areas, hallways, public Xerox machine, your backpack, and space outside the clinic rooms. Do not make verbal remarks about the client or related clinical information in the presence of anyone other than an authorized user.

6. If a HIPAA clinical guideline is violated, notify your supervisor and the Director of Clinical Programs immediately. Our Department will work together with the client and the University Privacy and Security office to remediate any breach as efficiently as possible.

7. Student, Staff, and Faculty Training:

In addition to meeting the JMDSLHC guidelines described above, we are required to complete four components of University-directed HIPAA training:

- Privacy Awareness video
- Web based module: Safeguarding PHI on computers
- Web-based module: Safeguarding PHI in Clinical Settings
- Web-based module: Safeguarding PHI in Research Settings

You will receive University email confirmation after you have finished each of these modules. Please print these confirmations and keep them in your Clinical Portfolios as a record of your HIPAA training.

You are a member of the Department of Speech-Language-Hearing Sciences who may have access to protected health information through your contact with a clinical client or a research subject. Every student, staff, and faculty member who could be in legitimate contact with protected information must receive University mandated HIPAA training.

There are four training modules which each of you must complete:

1. A web based HIPAA Privacy Awareness video
2. A web based training module on protecting health information on computers
3. A web based training module on protecting health information in clinical settings
4. A web based training module on protecting health information in research settings

Many of you have already viewed the 7 minute video. I will update your University HIPAA compliance records as each individual has seen the video. Updates for completing the other three web based components will occur automatically if you take care to "sign in" with your X500 University identification when you log on to the Privacy Training site (directions below).

Specific directions for entering the training modules follow:

1. go to www.umn.edu
2. click on the **My U** portal at myu.umn.edu (upper right corner)
3. Click on the **Sign In** (upper left side) and do so, using your UMN x.500 identifier and your password
4. Click on **My Toolkit** (center) and follow directions to take the **HIPAA** training courses, including taking the quizzes at the end.

When you have successfully completed a HIPAA training course, you will receive an email confirmation; please print this out to save *in your Clinical Education Portfolio* for verification. Your compliance records will also be updated automatically.