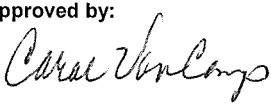


 HAWAII HEALTH SYSTEMS CORPORATION <i>"Quality Healthcare For All"</i>	Department: Quality Through Compliance	Policy No.: CMP 035A
	Issued by: Audit and Compliance Committee	Revision No.: Effective Date: September 19, 2013
POLICY	Approved by:  HHSC Board of Directors By: Carol A. VanCamp Its: Secretary/Treasurer	Supersedes Policy: Page: 1 of 6
Subject: HIPAA Educational Purposes Use and Disclosure		

Last Reviewed: August 19, 2013. Next Review: August 19, 2016

I. **PURPOSE:** This Policy defines appropriate uses and access controls on the use of protected health information (PHI) for the training/education of students and healthcare professionals in areas of health care.

II. **DEFINITIONS:**
Facially De-identified Health Information – For the purposes of this policy, facially de-identified information is PHI that has been stripped of the following identifiers: name, address, birth date, social security number, telephone and fax numbers, medical record number, account number, email address, certificate or license numbers, vehicle identifiers, URL or IP address, full face photographic images and any comparable images.

Students - Persons enrolled or engaged in formal health care training/education programs assigned to HHSC as part of a formal affiliated program.

Unaffiliated Students – Persons not enrolled in a formal affiliated healthcare training program, but involved or interested in health care such as with career shadowing programs. Such students are not involved in direct patient care but may have access to a patient's PHI through their observation activities.

Health Care Professionals – Practicing healthcare professionals involved in educational activities/programs/training at HHSC. Such activities may include continuing education, observation and/or direct patient care under supervision.

Educational Tours – Students/Unaffiliated Students/Healthcare Professionals who are at HHSC for educational tours that do not involve direct patient care or observation and have no direct access to PHI.

Protected Health Information (PHI) – Any information identifiable to an individual including demographic information whether or not recorded in any form or medium that relates directly or indirectly to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual. Protected health information may be communicated and/or maintained in oral, written or electronic means.

Workforce – Employees, volunteers, students, trainees and other persons whose conduct, in the performance or work for HHSC is under the direct control of HHSC whether or not they are paid for that work.

III. POLICY:

- A. Hawaii Health Systems Corporation (HHSC) is comprised of non-teaching facilities; however, the training of students and other healthcare professionals in areas of health care does occur in HHSC facilities. For the purposes of privacy, students and health care professionals learning under the guidance of HHSC employees and medical staff are considered to be part of HHSC's workforce and are expected to abide by all of HHSC's privacy and security practices.
- B. Patients at HHSC have the right to request that students, unaffiliated students and other healthcare professionals involved in educational activities not be involved in their care. HHSC will try to accommodate a patient's request in regards to educational involvement in patient treatment to the extent that such a restriction will not impact the patient's treatment or well-being.
- C. Students, unaffiliated students and other healthcare professionals' access to patient information shall be governed by applicable hospital policies. It is the obligation of these individuals to limit their actual access to patient PHI to that which is minimally necessary for the individual(s) to perform various duties, tasks and or meet expectations that are permitted by the terms of their affiliation agreement, confidentiality agreement or other defining agreement. Accessing for curiosity or other inquisitive purposes is considered a violation of HHSC policies.
- D. Students, unaffiliated students and other healthcare professionals will take reasonable and appropriate measures to safeguard PHI from improper use, disclosure, theft and corruption. Practical considerations include:
 - 1. Records and other papers containing PHI must not be left in open or public areas.
 - 2. Personal electronic devices (smart phones, tablets, pads, etc.) must be password protected and must not be left unattended.
 - 3. Access IDs and passwords should not be shared.
 - 4. Conversations should be conducted in such a way so as to maintain the patient's privacy and minimize incidental disclosure of protected health information.
 - 5. Materials containing PHI must be disposed of in a manner that preserves the patient's privacy.
- E. The Health Information Management Director (or equivalent position) at each HHSC facility will coordinate any requests for copies of PHI for educational purposes.
- F. The following are the requirements needed prior to students accessing PHI:
 - 1. Formal Program Requirements:
 - a) Affiliation agreement
 - b) Students must sign Confidentiality and Access Agreement (See Attachment A). Signed agreement must be maintained for six years and must be accessible to Facility upon request.
 - c) Provide list of students in program
 - d) Students must complete HIPAA Privacy training approved by the facility. Program must provide documentation of training. If training is not documented, the student will go through New Hire orientation privacy training. No access to patient health information will be allowed until training is completed.
 - e) Provide student ID
 - f) Facility Requirements:

- i. Train students on facility specific policies and procedures
 - ii. Monitor adherence to facility policies and procedures. Report violations to the program coordinator at the facility.
 - iii. Provide a student list to areas where students will work
 - 2. Unaffiliated Students/Programs:
 - a) Obtain memorandum of agreement if program sponsored
 - b) Obtain signed confidentiality agreement from the individual and parent if the individual is a minor.
 - c) Provide privacy training
 - d) Obtain appropriate health and legal clearances as appropriate.
 - 3. Educational Tours: Groups requesting tours will coordinate through Administration for approval in advance.
- G. All documentation relating to the individuals participating in educational activities at HHSC including but not limited to, facility student files, affiliation agreements, lists of participants and orientation materials must be maintained by HHSC Human Resource Department for six years.
- H. Allowable Educational Uses of PHI:
- 1. Treatment: A student or healthcare professional involved in a patient's care may have access to that patient's health information to the extent necessary for the provision of care. Information obtained through the course of treatment and used for educational purposes beyond the scope of the patient's treatment must be facially de-identified.
 - 2. Observation:
 - a) Direct care observation – Students and healthcare professionals involved in educational activities may observe patient care or treatment with the approval of the manager of the department or area. Where feasible, HHSC will attempt to accommodate reasonable requests to limit observation activities.
 - b) General observation/tours – Requests for general observation or tours may be set up through Administration. Such observations or tours will be escorted at all times and limited to areas where access to patient health information is limited.
 - c) Departments may set additional requirements in terms of student observation.
 - 3. Retrospective Medical Record or Health Data Reviews:
 - a) Retrospective medical records or health data reviews that include any of the following are considered research and must have Institutional Review Board (IRB) approval or waiver:
 - i. abstraction of patient identifiers
 - ii. Contact with the patient or the patient's physician
 - iii. Public presentation outside HHSC
 - iv. Publication (*See Corporate policy "Research – RES 001A Corporate Institutional Review Board Policy"*)
 - b) Retrospective medical record or health data reviews that are not for the purposes of research must be approved by the following:
 - i. Residents and medical students – The supervising faculty member for the resident or student.
 - ii. Other Students - The department manager must approve access to protected health information by students for HHSC sponsored review activities including performance improvement reviews.
 - iii. Health information obtained through the course of a retrospective medical record or health data review may be used for educational purposes only in the aggregate or if such information is facially de-identified.
 - 4. Research: Any individual participating in a research project including studies that result in public presentations (outside HHSC) or publication must obtain IRB approval or

waiver for the project prior to review/access to the health information. (See *Corporate policy "Research – RES 001A Corporate Institutional Review Board Policy."*)

5. Patient Logs: PHI maintained on the student's Patient Logs must be facially de-identified.
 6. Teaching Rounds: Student and healthcare professionals may access and discuss a patient's PHI during teaching rounds. Teaching rounds should be conducted in such a manner as to maintain the patient's privacy and minimize incidental disclosure of PHI.
 7. Case Presentations: Health information presented in case presentations must be facially de-identified and the medical record number not displayed. If any aspect of the case (such as unusual diagnosis or celebrity/VIP status) would inadvertently reveal the patient's identity or the case has generated unusual public or media interest, the following must occur:
 - a) The patient's authorization must be obtained prior to the presentation, or;
 - b) Attendance at the presentation/rounds must be limited to health care students and professionals.
- I. Destruction of educational materials containing PHI: AS a condition of access, once the student has completed his/her educational use of materials containing PHI, the student is responsible for the destruction of all such materials. Destruction must be carried out in such a manner that ensures the patient's privacy. Placing such materials in trash receptacles or other publicly accessible containers is not acceptable. Practical considerations include:
1. The student must shred all paper documents containing PHI.
 2. If the student has stored PHI on electronic media such as CDs or disks, the student must reformat or destroy (i.e. break) the CDs or disks.
 3. If for any reason, the student is unable to shred, reformat or destroy the materials that contain PHI, the student must return all such materials to HHSC for destruction.
 4. The student shall not store PHI on the hard disk of his/her own personal computer, laptop or personal electronic device.
 5. If the student has stored PHI on any hardware, software or electronic media belonging to HHSC, the student must advise the department manager involved to contact Information Technology Services Help Desk on or before his/her last day to arrange for the deletion of files(s) that contain PHI.
- J. Audit and Monitoring: HHSC reserves the right to review and/or request access to any of its patients' health information that is collected, maintained, used or disseminated by the student for educational purposes. This right relates to information collected/maintained/used/disseminated in any form, including but not limited to student presentations, papers or notes maintained in paper or electronic mediums.
- K. Sanctions for Breach of Inappropriate Access, Use or Disclosure of PHI by Persons Involved in Educational Programs at HHSC: HHSC will report any students who violate HHSC's policies and procedures relating to privacy and security of health information to the educational program. Student violators will face sanctions which may include suspension or termination of access privileges to PHI held by HHSC and/or participation in educational programs at HHSC.
- L. Students shall sign the "Student/Resident Confidentiality and Access Agreement Regarding Educational Access/Use/Disclosure of Confidential Information" (Attachment A).
- M. HHSC Facilities shall implement procedures to operationalize this Policy.
- IV. **APPLICABILITY:** This Policy applies to all HHSC facilities. This Policy applies to any individual who accesses or uses PHI for educational purposes including but not limited to residents, medical,

nursing and allied health care students, healthcare professionals involved in educational activities at (HHSC) and faculty of affiliated educational institutions.

- V. **AUTHORITY:** 45 CFR §164,502 (a)(1)(ii).
- VI. **ATTACHMENT:** Attachment A--“Student/Resident Confidentiality and Access Agreement Regarding Educational Access/Use/Disclosure of Confidential Information”

Attachment A
Student/Resident Confidentiality and Access Agreement
Regarding Educational Access/Use/Disclosure of Confidential Information

All healthcare providers have a legal and ethical responsibility to protect the privacy of all patients and their health information. Additionally, healthcare providers must assure the confidentiality and security of their proprietary business resources. As a resident/student involved with educational activities at a healthcare provider's hospital/clinic/private office, I understand that I will have access to patients' health information and may have access to some of the provider's proprietary business information.

Patient and business information is confidential and protected by law and by the healthcare provider's policies. As a resident/student, I understand that I must conduct myself in strict conformance to applicable laws and policies relating to privacy and security of confidential information. My responsibilities and duties in regards to privacy and security of confidential information are explained below.

Confidential information includes any of the following information, whether the information is in paper, verbal or electronic form:

- Patient information (such as health, financial and demographic information)
- Employee/volunteer/physician information (such as salaries, employment records, disciplinary actions, etc.)
- Provider business information (such as financial and statistical records, strategic plans, internal report, memos, contracts, peer review information, proprietary computer programs, source code, proprietary technology, etc.) and
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

By signing this document I agree to the following:

- I will access and use confidential information only to the extent necessary to perform my duties and/or approved educational activities.
- I will not disclose or discuss any confidential information with others including family or friends, who do not have a need-to-know.
- I will access/use protected health information for educational purposes in accordance with the attached policy "Appropriate Uses of Protected Health Information for Educational Purposes."
- I will not give my access codes/cards to anyone else or allow anyone else to access or alter information under my identity.
- I will use appropriate safeguards for any confidential information that I access/use for educational purposes including facially de-identifying information to be used/removed for educational purposes, appropriate use of computer passwords and appropriate destruction of materials when warranted.
- I will report activities by any person that I suspect may compromise the privacy or security of confidential information. Reports made in good faith about such activities will be held in confidence to the extent permitted by law.
- I understand that my obligations under this agreement will continue even after my association with the provider is ended.
- Violations of these responsibilities and duties will subject me to sanctions, which may include, but are not limited to, suspension or termination of participation or access privileges at the healthcare provider's facility/office and personal legal liability.
- I have received HIPAA privacy training.

Signature of Student/Resident

Print Name

Date