

Compliance Challenges: Those Nagging Issues That Don't Seem to Go Away

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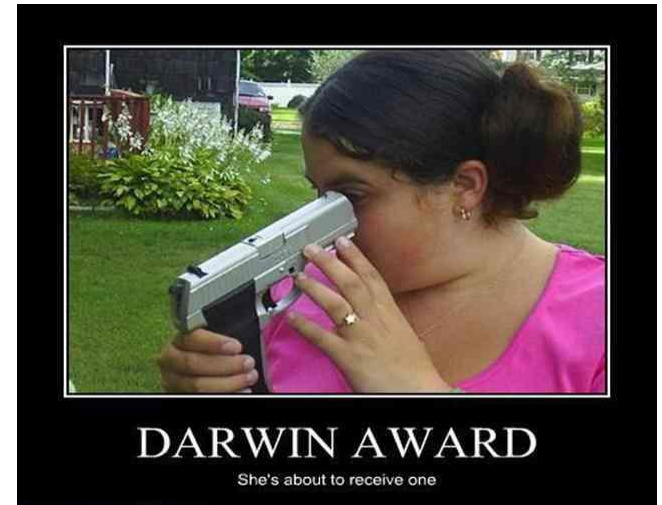
HIPAA Roulette



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The Human Factor

- ◆ Privacy and security are only as strong as your weakest link
- ◆ People often are the weakest link
 - ❖ Social engineering
 - ❖ Curiosity
 - ❖ Financial gain
 - ❖ Malice



The Human Factor

- ◆ “Ex-Factor” -- Top risks for intentional misuse, improper disclosures, and false accusations:
 - ❖ Ex-relationships: divorces, custody disputes, break-ups, new significant others, and so on
 - ❖ Ex-employees
 - ❖ Even ex-classmates (e.g., high school grudges)
- ◆ Other high-level risks include:
 - ❖ Friends and family
 - ❖ Co-workers
 - ❖ Celebrities of one form or another



The Human Factor: Action Steps

- ◆ When there is “history,” dig a little deeper
 - ❖ Could go either way
- ◆ Clear policies
- ◆ Train
- ◆ Culture of Compliance
 - ❖ Emphasize: Think before you click
- ◆ Audit records of patients who may be temptations
- ◆ Revisit sanction processes
- ◆ Apply sanctions in a consistent manner



Social Media



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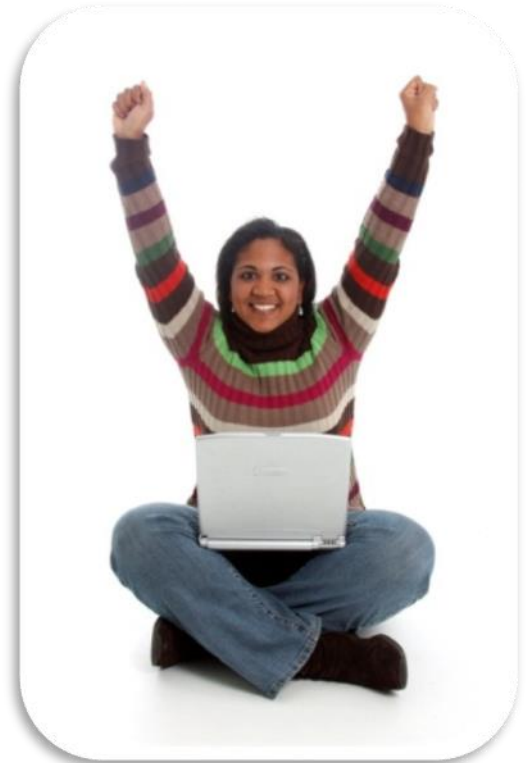
Social Media

- ◆ What to do about workforce posting about/to patients?
- ◆ How to respond to patient communications through social media?
- ◆ How are smartphone cameras used?
- ◆ What is organization's social media presence?
- ◆ Do you have a social media policy?



Social Media Action Items

- ◆ Sensitize/train workforce
 - ❖ Social media (and the Internet) is forever
 - ❖ “Private” is not private
 - ❖ How to respond to friend requests – It is OK to say no in the work environment
 - ❖ Social media can and does have consequences
 - ❖ What you say on social media reflects on you and the organization



Social Media

- ◆ Train on permissible/impermissible use of social media
 - ❖ “I hate the patient I treated today” is not allowed
 - ❖ “I hate my boss” is fine
- ◆ Consequences of posting patient information/photos
- ◆ Clarify who may speak for the organization
- ◆ Authorizations when patient information/images are posted



Documentation



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Document, Document, Document: Security

- ◆ Adage: If it wasn't documented, then it wasn't done
- ◆ Does your documentation demonstrate all your HIPAA compliance efforts?
- ◆ Risk analysis
 - ❖ Revisiting risk analysis
- ◆ Risk management
 - ❖ Evidence that corrective actions has been taken
 - ❖ Completed weekly checklists that security tasks (e.g., audit log review) have been completed
 - ❖ Screenshots of relevant configurations (e.g., encryption on server is enabled)
 - ❖ Minutes of security matters being presented to board
- ◆ Designation of Security Official



Document, Document, Document: Privacy

- ◆ Appropriate uses and disclosures
- ◆ Individual rights
 - ❖ Response to requests
 - ❖ Notice of Privacy Practices
- ◆ Policies and procedures
- ◆ Training
- ◆ Designation of Privacy Official
- ◆ Sanctions



Document, Document, Document: Breach Notification

- ◆ Burden of Proof on Covered Entity/Business Associate
- ◆ Case Study (True Story): An encrypted laptop is stolen. A terminated IT employee files a complaint with OCR claiming that you failed to report a breach
- ◆ Can you produce documentation:
 - ❖ Evidencing when all laptops were encrypted?
 - ❖ Demonstrating that the stolen laptop was encrypted?
 - ❖ The user could not turn off encryption on the laptop?
 - ❖ That affected employees were trained?
 - ❖ Notifications were/were not made appropriately?
 - ❖ Actions were taken “without unreasonable delay”



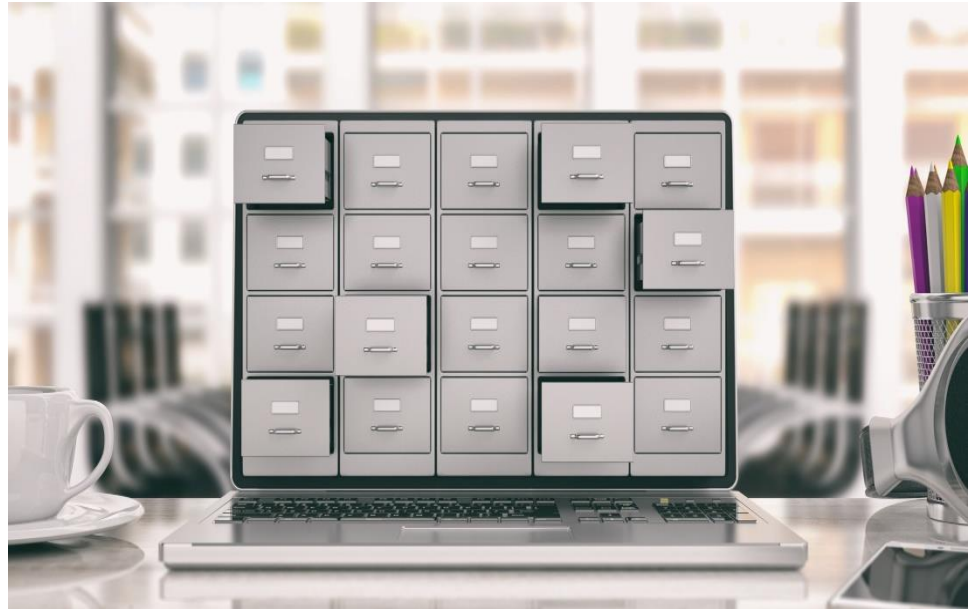
Access to PHI



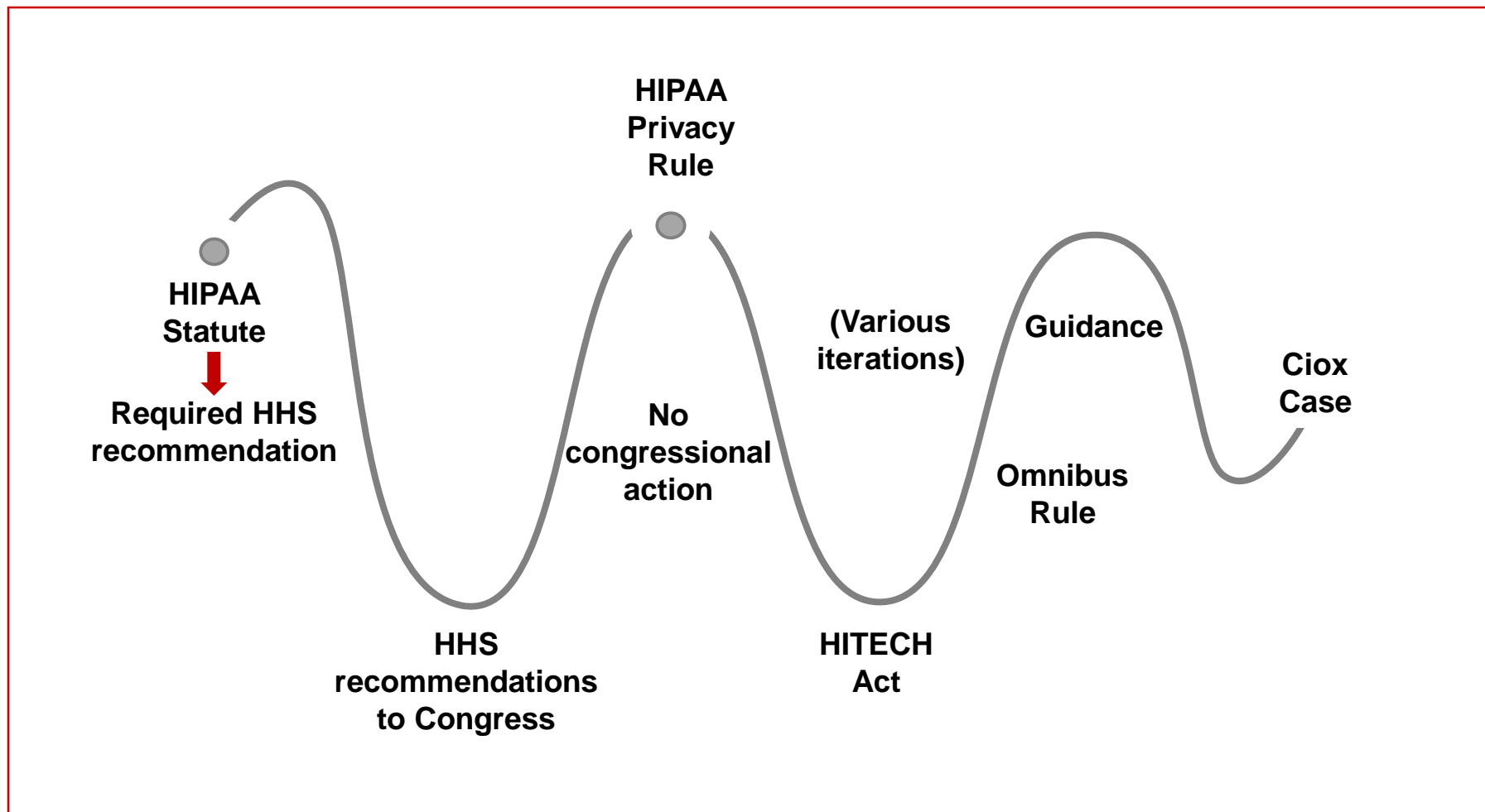
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Access to PHI

- ◆ HIPAA grants individuals a right of access to PHI
- ◆ High priority for OCR
- ◆ But the rules have changed



Access – But First a Story



Access to PHI: Ciox Case

- ◆ Ciox Healthcare, LLC
 - ❖ Release of Information vendor
- ◆ Fees
- ◆ Claimed HHS's interpretation
 - ❖ Expanded the pool of disclosures subject to the lower "Patient Rate"
 - ❖ Cost ROI vendors millions of dollars a year
- ◆ Brought suit to challenge HHS



Access – Third Party Directive

- ◆ Initial Privacy Rule: Individuals may request copies of/access to PHI in a designated record set (subject to certain exceptions)
- ◆ HITECH: Permits Individuals to direct Covered Entities to forward electronic copies of PHI in an EHR to third parties
- ◆ Omnibus Rule: Extended the access right of Individuals to direct all PHI (regardless of media) to third parties
- ◆ Ciox Court: Invalidated Omnibus expansion
 - ❖ 3P directive only for electronic copies of PHI from EHR



Access – “Patient Rate”

- ◆ Covered Entities may charge only a “reasonable, cost-based fee” so cost will not impede Individuals’ access
 - ❖ Yes: Costs of copying, postage
 - ❖ No: Data storage, document retrieval
- ◆ HITECH – Extended “Patient Rate” to electronic PHI from EHR
- ◆ Guidance – Clarified Patient Rate extends to all Individual requests (no matter the recipient)
- ◆ Court – Patient Rate only for Individual requests going to Individual





Questions

