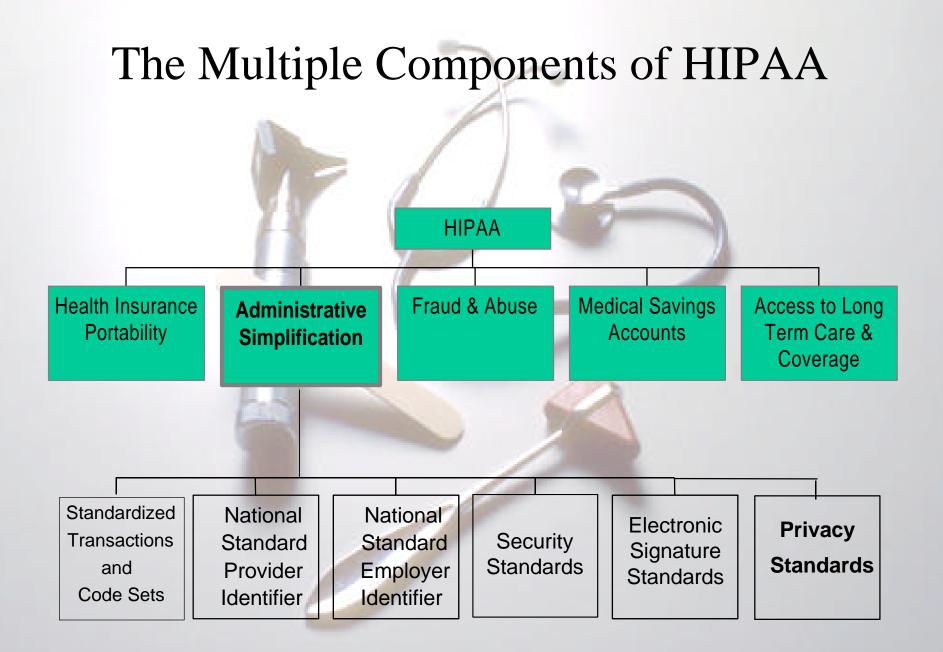
Privacy for Compliance Professionals

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Recent HIPAA News

- On December 27, 2001, President Bush signed into law the Administrative Simplification Compliance Act.
- By October 16, 2002, covered entities, including pharmacies, must either:
 - be in compliance with the Standards for Electronic Transactions and Code Sets; or
 - submit a summary plan to the Secretary of Health and Human Services describing how the covered entity will come into full compliance with the standards by October 16, 2003.

Proposed Security and Electronic Signature Standards

Overview

Security Standards

4 Components

- Administrative
- Physical
- Technical Services
- Technical Mechanisms

UPDATE

HHS OCR has reported
that the final version of
the Security and
Electronic Signature
Standards have been
forwarded to OMB for
final review and should be
released before the end of
the year.

Standards for Privacy of Individually Identifiable Health Information

Overview of the "Privacy Regulations"

"In a Nutshell"

The Privacy Regulations govern a covered entity's use and disclosure of protected health information and grant individuals certain rights with respect to their protected health information.

Covered Entities

- Covered entities
 - health plans;
 - health care clearinghouses; and
 - providers that transmit health information in electronic form in connection with a HIPAA standardized transaction
- Also reaches indirectly the "Business Associates" of the covered entity

Protected Health Information (PHI)

All individually identifiable health information that is transmitted or maintained in any form or medium.

Individually Identifiable Health Information

- Created or received by a covered entity or employer; and
- Relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or payment for the provision of health care to an individual and which:
 - identifies the individual; or
 - offers a reasonable basis for identification of the individual

Uses and Disclosures of PHI

- Four categories of uses and disclosures of PHI
 - **Consent required**—direct treatment providers treatment, payment, and health care operations
 - Oral agreement required—facility directories and disclosures in the presence of personal care givers
 - No consent, authorization or agreement required required by law, for public health activities, etc.
 - Authorization required—all other uses and disclosures

General Rules for Uses and Disclosures

Minimum Necessary

Business Associates



Minimum Necessary

- Covered entities must limit the PHI used or disclosed to the minimum necessary to achieve the purpose of the use or disclosure.
 - doesn't apply to disclosures made for treatment or to the individual
- Identify persons or classes of persons who need access to PHI, and the categories of PHI that they need access to, in order to carry out their duties.



Business Associates

- "Business associates" ("**BA**") are defined as persons, other than workforce members, who perform or assist in the performance of a function on behalf of, or provide services to, a covered entity and such function or service involves the use or disclosure of PHI.
- Covered entities are required to execute agreements with each of their business associates to ensure that PHI provided to business associates is protected in the same manner as required of the covered entity.

Patient Rights

- Notice of Privacy Practices
- Access, inspect and copy
- Accounting of disclosures
- Request amendments
- Restrict disclosures
- Request privacy protections

Administrative Requirements

- Designation of a "Privacy Official"
- Policies and Procedures
- Training
- Reporting and complaint processing mechanism
- Sanctions
- Duty to mitigate

Getting Started

- Identify HIPAA organizational structure(s)
- Corporate compliance program integration?
- Create a "Privacy Task Force"
- Determine scope of the project
 - HIPAA
 - state privacy law
 - corporate compliance
- Conduct an assessment and inventory

Compliance Integration

7 Elements of a Corporate Compliance Program

HIPAA Security Requirements

HIPAA Privacy Requirements

Policies and Procedures	Administrative Procedures	Documentation of Policies and Procedures
Assignment of Oversight Responsibilities	Assigned Security & Privacy Responsibility	Designated Privacy Official
Training and Education	Training and Education	Training
Lines of Communication	Report Procedures; Event Reporting	Complaint Processing
Enforcement and Discipline	Sanctions	Sanctions
Auditing and Monitoring	Internal Audit	Accounting for Disclosures
Response and Corrective Action	Response Procedures; Testing & Revision	Duty to Mitigate

Organizational Structures

- A "**hybrid entity**" or "component entity" means a single legal entity that is a covered entity and whose "covered functions" are not its primary functions
- Affiliated Entities--the rules permit legally distinct covered entities that share common ownership or control to designate themselves, or their health care components, together to be a single covered entity
- Organized health care arrangements are arrangements involving clinical and/or operational integration among legally separate covered entities

Privacy Task Force

- Privacy Officer--responsible for the development and implementation of the policies and procedures of the covered entity
- Task force--assists with the development and dayto-day operations of the Privacy Program

Project Scope

- HIPAA
- State statutes, regulations, and common law
- Other federal privacy laws (e.g., COPPA)
- Corporate Compliance

Privacy Assessment

• Identify

- the flow of PHI throughout the covered entity
- data elements within the record
- the purposes for uses and disclosures
- whether there is a sale of data
- the retention period for data
- the final disposition of the data
- the instrumentality
- Gather existing policies and procedures
- Identify available infrastructure
- Compare your findings to the requirements set forth in the regulations and state statutory, regulatory and common law

THANK YOU

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