



COMPLIANCE CONNECTION

COMPLIANCE HOTLINE
877-780-9367

COMPLIANCE CONNECTION: Providing Relevant Issues and Hot Topics

IN THIS ISSUE

FEATURE ARTICLE

Your Gallbladder's Wife Called – A Nurse's Case to Limit Phone Use In Hospitals

HIPAA Quiz

(See Page 2 for Question & Answer)

DID YOU KNOW...



HIPAA privacy rule: Myths & Facts

Myth: "HIPAA Prohibits Calling out Patients' Names"

Is there more personal information than an individual's name? Surely, HIPAA must discourage healthcare providers from calling their patients using their own names.

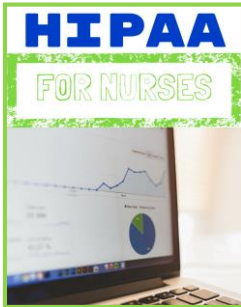
Fact: The Privacy Rule explicitly permits certain incidental disclosures that occur as a by-product of an otherwise permitted disclosure.

The disclosure of a patient's identity to other patients in a waiting room is treated as one example of such incidental occurrences. Naturally, there still need to be reasonable safeguards to protect confidentiality and the purposes of such disclosure need to be strictly related to treatment.

Certain types of treatment — such as psychiatry, fertility treatment, etc. — require additional focus on protection of confidentiality. This still, however, doesn't mean that HIPAA requires changing treatment or waiting areas to accommodate these regulations.

Resource:

<https://www.qminder.com/hipaa-myths-debunked/>



Your Gallbladder's Wife Called... *A nurse's case to limit phone use in hospitals*

by Maggie Ciocco, RN, BC, Daily Nurse

As I sat in a hospital auditorium recruiting for my university, several nurses came to my table. While they were perusing the pamphlets and asking questions about our programs, I listened to the calls they were receiving on their unit-specific mobile phones. While I can appreciate that a phone makes for better communication between the nurses and

hospital staff, I can also appreciate that the same staff are unaware that the phones are inadvertently putting patients at risk.

During the hours I spent in one particular hospital, I was inadvertently present for phone conversations, all on speaker, regarding what patients required pain medication and their room numbers, whose test results were received and their results, what patient was being combative and needed sedation, and who required pain medication. I heard patient names, room numbers, physician names, and patient conditions. And I learned that the wife of the gallbladder in 100B called. Needless to say, it was an interesting and enlightening afternoon. Let me just say that when HIPAA became de rigueur, nurses would have been fired for less illicitly passed information than I learned that afternoon. You weren't allowed to utter a patient's name or room number anywhere where other patients or family members or the public in general were located. If overheard or reported by fellow staff, you were terminated. The nurses carrying on these conversations were on a break from their units, attending a Nurses Week event, but I'm sure these conversations occur all day long, no matter where the nurse is ... in report, at the bedside, at lunch, even in the bathroom. While I'm sure the latter is at most inconvenient and intrusive, the prior is downright dangerous. I'm sure if they even get a break off the unit, the phone goes with them and so does the stress.

We teach students and new nurses to prepare medications where they are not distracted, to check everything multiple times. We never tell them "OK, let's see if you can titrate this medication while a disembodied voice is telling you about another patient who urgently needs you." We also don't teach them that while they are attempting to complete complex therapy requiring their undivided attention while keeping a field clean or sterile, that they will be called multiple times about multiple patients. Several studies have noted that these distracted nurses are at higher risk of committing a medication error or an error of omission.

Read entire article: [Click Here](#) • www.medpagetoday.com

DID YOU KNOW...



What businesses must comply with HIPAA?

Healthcare operations called "Covered Entities" are bound by HIPAA privacy standards. A "Covered Entity" may be a health plan, healthcare clearinghouse or healthcare providers who conduct certain financial and administrative transactions electronically.





U.S. Cyber Command Warns of Active Exploitation of 2017 Outlook Vulnerability

A two-year-old vulnerability in Microsoft Outlook is being exploited by hackers in targeted attacks on U.S. government networks.

U.S. Cyber Command has issued a warning about vulnerability CVE-2017-1174, which is being actively exploited to install remote access Trojans and other forms of malware. U.S. Cyber Command strongly recommends patching the vulnerability immediately to prevent exploitation.

The flaw is a sandbox escape vulnerability which can be exploited if the attacker has the user's outlook credentials, which could be obtained via a phishing attack or other means. The attacker could then change the user's home page to a page with embedded code that downloads and executes malware when Outlook is opened.

U.S. Cyber Command made no mention of the threat actors believed to be behind the attacks, although security researchers at Palo Alto Networks, FireEye, Chronicle, and others have linked the attacks to the Iran-backed cyberespionage group APT33.

APT33 has been exploiting this vulnerability for at least a year, but instead of using phishing, the group conducts brute force attacks using commonly used passwords. A typical attack will see multiple accounts targeted. When multiple passwords have been guessed, the Outlook vulnerability is exploited, and malware is downloaded on multiple devices on the network. actors with links to Iran.

Read entire article:

<https://www.hipaajournal.com/u-s-cyber-command-warns-of-active-exploitation-of-2017-outlook-vulnerability/>

HIPAAQuiz

What information is protected by the HIPAA Security Rule?

Answer: The Security Rule is designed to protect four different types of data: Data in motion, which is data moving through a network, data at rest, which is data kept in databases and on servers, flash drives, etc., data in use, which is data in the process of being created, retrieved, updated or deleted, and data disposed of, which refers to data that has been discarded.

LINK 1

2.9 Million Members Affected by Dominion National 9-Year PHI Breach

<https://www.hipaajournal.com/dominion-national-discovers-9-year-phi-breach/>

LINK 2

HELP Committee Approves Bill Calling for HIPAA Enforcement Safe Harbor

<https://www.hipaajournal.com/help-committee-approves-bill-calling-for-hipaa-enforcement-safe-harbor/>

LINK 3

OCR Clarifies Allowable Uses & Disclosures of PHI for Care Coordination & Continuity of Care

<https://www.hipaajournal.com/nw-ocr-health-plan-hipaa-guidance-clarifies-allowable-uses-and-disclosures-for-care-coordination-and-continuity-of-care/>

LINK 4

Oregon Department of Human Services Notifies 645,000 Clients of Phishing Breach

<https://www.hipaajournal.com/oregon-department-human-services-notifies-645000-phishing-data-breach/>



Minimum Necessary Information:

Access only the information you need; use this information only to do your job; limit the information you share with a person to what they need to know to do their job.

House Overturns Ban on HHS Funding HIPAA National Patient Identifier Development



One of the requirements of the HIPAA Administrative Simplification Rules was the development of a national identifier for all patients. Such an identifier would be used by all healthcare organizations to match patients with health records from multiple sources and would improve the reliability of health information and ensure it could be shared quickly and efficiently.

That national patient identifier has failed to materialize. For the past two decades, the Department of Health and Human Services has been prohibited from using funds to develop or promote a unique patient identifier system out of concerns over privacy and security of patient data.

Just as was the case in 1996, the benefits of using national patient identifiers remain and the need for such a system is greater than ever. Many hospitals, healthcare and health IT groups have been urging Congress to lift the HHS ban due to the benefits that would come from using a national identifier.

They argue it would make it much easier to match medical information from multiple sources with the correct patient and the potential for errors would be greatly reduced. Together with the cost savings, adoption of a national patient identifier would improve the quality of care provided to patients and patient safety.

Now, 20 years after the ban was put in place, it is closer to being lifted. The U.S. House of Representatives recently voted on several amendments to a \$99.4 billion HHS appropriations bill. The amendment calling for the lifting of the ban was proposed by Rep. Bill Foster (D-Ill.) and was passed on Wednesday 12, June in a 246 to 178 vote. Until now, neither chamber in Congress has ever voted to lift the ban.

Read entire article:

<https://www.hipaajournal.com/house-overturns-ban-on-hhs-funding-hipaa-national-patient-identifier-development/>

THUMBS UP!!!

Thumbs Up To ALL Departments For Implementing

Awareness of
HIPAA, PII, PHI, ePHI & Social Media



- Main Campus
- West Campus
- Legends Park
- 501a Locations

