HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

PRIVACY AND SECURITY OF HEALTH INFORMATION

Of the many types of personal information, *health information* is among the most sensitive. The Health Insurance Portability and Accountability Act of 1996 (known as HIPAA) is federal legislation that protects the privacy and security of patients’ health information. Protected health information under HIPAA includes oral, written, or electronic information that relates to an individual’s physical or mental health or the provision of health care to an individual or payment for health care. Protected health information can pertain to a health condition or payment in the *past, present, or future*.

HIPAA is divided into three main components: Standards for “computer to computer” electronic transactions, information system security standards, and privacy standards. The HIPAA privacy regulations delineate the permissible uses and disclosures of *protected health information*. Under the privacy regulation, persons who deal with protected health information as part of their job must access, use, collect, or disclose only the minimum health information that is necessary to complete their work-related task. Uses or disclosures of health information that do not relate to an individual’s treatment, payment for treatment, or health care operations will generally require a specific authorization signed by the patient, unless there is an exception provided in the regulation. HIPAA also requires that there be appropriate and reasonable *administrative, technical, and physical safeguards* to protect the privacy of individuals’ health information.

As employees, we must ask ourselves, “Why does the confidentiality of health information need to be protected?” Aside from possible sanctions from the federal government for noncompliance, it is the *right thing to do* in order to assure patients that their right to privacy is respected. Patients will:

- Be more open with healthcare providers if they are assured that their sensitive health information will be kept confidential;
- Know that their sensitive health information will not be released to unauthorized entities; and
- Will not worry that they will be discriminated against because of their health information.

Page 2 is a signed acknowledgement that this notice was read and signed by the employee.

Revised: Jan/08
I understand that the Health Insurance Portability and Accountability Act (HIPAA) has established privacy and security standards that I must adhere to in the daily responsibilities of my job at the University of Miami. In accordance with the level of access of my job description, I must respect and keep patient information confidential whether in oral, written, or electronic format. Furthermore, I agree to follow the University of Miami HIPAA policies and procedures as applicable to my job function.

Unauthorized disclosure of patient information may result in disciplinary action up to and including termination.

_____________________________________________  __________________________________________
Employee Signature                                      Date

_____________________________________________  __________________________________________
Printed Name                                             Position/Title

_____________________________________________  __________________________________________
Department                                              Campus

The page #2 of this HIPAA Notification is to be acknowledged by the employee signature and filed in the Personnel file in Human Resources and Faculty Affairs

Revised: Jan/08