

The HIPAA Privacy and Security Rules in a “Nutshell”

In 1996 Congress passed a law called the Health Insurance Portability and Accountability Act (HIPAA). That law required a set of federal regulations on Privacy and Security. HIPAA laws are periodically updated; this document provides you with the law content that is most likely to pertain to you while at the School of Dentistry.

The Privacy Regulations

These regulations require all “Covered Entities (CEs) to give their patients a Notice of Privacy Practices telling how a patient’s confidential health; billing and demographic information (called “Protected Health Information” or PHI) is protected by the Covered Entity. The School of Dentistry is part of the University of Michigan Hybrid Covered Entity.

We provide the Notice of Privacy Practices and a general consent for treatment form at a patient’s first visit. We can then provide treatment, bill the patient for the treatment and perform core operations (such as infection control, quality assurance, sending reminder letters, accreditation, teaching, etc.). If a practitioner wants to do research involving the patient or the patient’s records, the patient needs to separately authorize this use.

The Privacy regulations are intended to increase patient control over who can see or use their PHI. So, while we can use or disclose the PHI for treatment, billing, and core operations, we need a written authorization for most other purposes (however, a patient can verbally tell a health care professional which of the patient’s family members the provider may talk to about the patient’s care.)

Where a disclosure is required by law, for example reporting child abuse and certain diseases to public health authorities, no authorization is necessary.

The regulations give patients the right to access their PHI, request amendments to anything they feel is not correct, request that we not provide information to their health plan (only if they pay for services in full), and obtain information about some disclosures made without their authorization. They also require us to be careful how we handle PHI: for example, we have to use it only for permissible purposes, provide only the minimum necessary information, verify the identity and authority of people who ask to see it, and take security precautions to protect it. If we fail to do these things, we can be subject to civil and criminal penalties.

The Security Regulations

As you will not have access to School of Dentistry information systems during your visit, we are not required to educate you on security processes. However, should you observe any information security

problems (including physical security of information systems or storage media), please report them to your host or to the School of Dentistry Compliance Office at 734-764-6986.

School of Dentistry Response to Privacy and Security Regulations

Our patients' privacy is critically important to us. We have a Compliance Office that works to ensure compliance with regulations. It can be contacted at dds-compliance@umich.edu. We have a Notice of Privacy Practices posted in various locations throughout the School and on the Web at <http://www.uofmhealth.org/protecting-your-privacy-hipaa>. Educational materials are available at <http://www.dent.umich.edu/about-school/compliance-school-dentistry> if you would like to learn more. We have detailed policies and procedures setting forth our approach to protection of our patients' information. If these affect your visit at the School of Dentistry, they will be provided to you and you will be required to follow them. We require anyone who has direct access to our patients' PHI to sign a Compliance Agreement. We also take appropriate disciplinary action if anyone wrongly uses or discloses PHI.

Why Are We Telling You This?

You must be educated before you can have access to any PHI so you can understand how important privacy is to us and to our patients. You must agree to strictly follow the regulations and our policies. If you are uncertain about what to do you must seek guidance before you look at or gain access to any PHI. If you have any questions, please talk to your host or supervisor, look at the website, or contact the Compliance Officer.

I agree to fully comply with the regulations outlined above.

Name (Print): _____ Signature _____

Date: _____

Clinical Department/Area Visited:
