

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Training Module A

Learning Objectives:

- Have knowledge of the origins and intent of HIPPA.
- Have understanding of the Security Rule and Privacy Rule.
- Have knowledge of the definitions and regulations pertaining to Protected Health Information (PHI).
- Have knowledge of enforcement and criminal penalties associated with HIPPA.

What is HIPPA? Congress passed a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPPA) to improve the efficiency and effectiveness of the healthcare system. The law included:

5. A series of "administrative simplification" provisions that required the Department of Health and Human Services (HHS) to adopt national standards for electronic healthcare transactions; and
6. The adoptions of security and privacy standards in order to secure protected health information (PHI)

The Origins and Intent of HIPPA The intent of HIPPA is to reduce administrative costs of providing healthcare, to make it easier to transmit and use medical information and to create national standards. A result of this plan ensures privacy and security of personal information.

The act is comprised of two major legislative actions:

1. Health insurance reform that included a wide array of provisions designed to make health insurance more affordable and accessible.
2. Administrative simplification of creation, retention, and transmission of electronic health information.

Who is covered by HIPPA? Almost every organization that provides or pays for health services, or exchanges healthcare data of any kind is subject to HIPPA. All healthcare providers (nurses, therapist); all health plans, (HMOs, Insurers); and all health information clearing houses are "covered entities".

HIPPA extends protection to every patient whose information is collected, used or disclosed by such covered entities. It imposes the responsibilities on the entire workforce of a covered entity to secure those rights. A covered entity's work force includes all employees, volunteers, and business associates that handle health information on a covered entities behalf. As a provider of healthcare staffing, PHS is considered a "business associate" of covered entities such as hospitals, clients, clinics, etc.

What is HIPPA about? HIPPA is about the:

- Protection of health information (security).
- Proper use of health information (privacy)
- Promotion of electronic data interchange.

Security Standards Security standards are defined as controls to protect confidential information from unauthorized access, modification or destruction. The goals of these standards are to ensure confidentiality, integrity, and availability. These standards include the Privacy Rule.