



# Chicago Methodist Senior Services

## HIPAA

### Health Insurance Portability and Accountability Act

#### Your Role as a Volunteer/Intern at CMSS

#### Overview

- \* Establishes for the first time a set of national standards for the protection of certain health information
- \* Addresses the use and disclosure of the individual's health information (called "protected health information"), and the individual's privacy right to understand and control how his or her health information is used

#### Who must comply with this law?

- \* Anyone who works or volunteers/interns at CMSS

#### What is *Protected Health Information (PHI)*?

- \* Health information that can identify an individual, including information on the individual's past, present or future medical or mental health condition, including demographic data; the provision of health care; and payment for health care

Name	Telephone numbers	Diagnosis
Names of relatives	Social Security Number	Lab/X-ray results
Addresses	Birth date	Photographs

- \* PHI can be in the form of written, spoken, on the computer, faxed, etc.

#### What is the *Privacy Notice*?

- \* Written Notice provided to clients on their first visit
- \* Describes how individual's PHI may be used, disclosed, and protected

#### How do CMSS Staff and Volunteers/Interns use PHI?

- \* To provide needed services to the clients we serve for treatment, payment and operations

#### What is *treatment, payment and operations*?

- \* Treatment is the provision, coordination or management of health care and related services for an individual
- \* Payment encompasses activities to obtain payment or be reimbursed for the provision of health care to an individual
- \* Operations are any of the following activities:
  - o Quality assessment and improvement

- Business planning, development, management and administration
- Conducting or arranging for medical reviews, audits or legal services

### **What is the *Minimum Necessary Standard*?**

- \* Employees and Volunteers/Interns only use or share PHI that is necessary to conduct their job and provide service to the client
- \* Who needs to know? Why do they need to know? What do they need to know?

### **Potential HIPAA violations**

- \* Repeating a conversation you heard about a client's condition to a friend
- \* Asking questions about a client's medical condition or why they are in a facility (because you know the client's sister and you are curious)
- \* Telling a friend you saw someone else's mother at CMSS and why she was there
- \* Looking at a client's PHI on someone's desk

### **What can you do to protect client's privacy?**

- \* Understand and practice CMSS' policies.
- \* Don't leave client information, files, etc. where others can see them; return to appropriate location.
- \* Don't toss client information in the trash; place in security bins or shred.
- \* Don't discuss client information in public areas; be aware of who might overhear.
- \* Do not take pictures of clients.
- \* Should you see or hear a violation, intervene if appropriate and contact your supervisor immediately

### **Are there penalties for HIPAA violations?**

- \* Yes, civil and criminal penalties apply to both the "individual" and CMSS
- \* If you reveal any Protected Health Information (PHI) to someone who does not need to know it, you have violated a client's confidentiality, you have broken the law and may be liable for the violation
- \* Those who do so for financial gain can be fined as much as \$250,000 or go to jail for as many as 10 years
- \* Even accidentally breaking the rules can result in penalties (and embarrassment) for you and CMSS

### **After you stop volunteering/interning at CMSS**

- \* Client protected health information must still be protected. You cannot share information about clients after you stop volunteering/interning.

### **CMSS' Compliance Officer**

- \* Contact Renz Pantaleon, 773.596.2301, [renz@cmsschicago.org](mailto:renz@cmsschicago.org) or the CMSS Compliance Hotline at 773.596.2282

### **HIPAA questions:**

- \* Ask your CMSS site Supervisor, the Director of Volunteers or Compliance Officer

(Please keep this page for future reference.)



# Chicago Methodist Senior Services

## HIPAA Volunteer/Intern Review Questions

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. The HIPAA Privacy law establishes for the first time a set of national standards for the protection of certain health information.  
A. True   
B. False
2. *Protected Health Information (PHI)* is in which of the following formats?  
A. Oral communication   
B. Written communication   
C. Electronic communication   
D. All of the above
3. The *Minimum Necessary Standard* refers to:  
A. Paper work reduction   
B. Minimum staffing levels   
C. Minimum necessary information to accomplish task   
D. All of the above
4. Is it okay for Volunteers/Interns to take photos of residents?  
A. No   
B. Yes
5. Is it okay for Volunteers/Interns to speak to family members about a client's condition?  
A. No   
B. Yes
6. Can you be held personally liable for violating HIPAA?  
A. No   
B. Yes
7. After you stop volunteering/interning for CMSS, can you share client information?  
A. No   
B. Yes
8. There are civil and criminal penalties for not complying with HIPAA?  
A. True   
B. False



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### Health Insurance Portability and Accountability Act

Your Role as a Volunteer/Intern at CMSS

## Acknowledgement

I have received and reviewed a copy of CMSS HIPAA Health Insurance Portability and Accountability Act-Your Role as a Volunteer/Intern at CMSS as part of my compliance training and I understand, acknowledge and accept its contents as it relates to my volunteer/intern position.

By checking the box and typing or printing name below, I acknowledge my obligation to adhere to the principles and standards of HIPAA regulations.

\_\_\_\_\_ Date  
Volunteer/Intern Name (Please print in ink or type if completing electronically)

(Upon completion, please return this page to CMSS' Director of Volunteer Services.)