

# HIPAA Training 2010

For Research  
Investigators and Study Staff

# HIPAA IS...

## **THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996**

### **Portability**

Created to ensure access to health coverage

Allows for continuity in health coverage

Prevents denial due to a pre-existing condition(s)

### **Accountability**

Healthcare fraud is a federal crime

Fines and/or jail time may apply

Individuals and organizations could face sanctions

# Privacy Rule...

HIPAA's **Privacy** rule focuses on the safeguarding of a patient's **Protected Health Information (PHI)**

**PHI = Any form of information that can identify, relate, or be associated with an individual obtaining health care services.**

**IIHI = Individually Identifiable Health Information are data elements that make up PHI, e.g.; Name, Address, SSN, Phone Number, Medical Record Number, Diagnosis, Test Results, Photographs, Doctors notes, Health Plan Information, etc.**

## Who, at SBU, is required to protect PHI in Research?

- All SBU investigators, who conduct research where individually identifiable health information is used, generated, or disclosed.
- Investigators who provide health care as part of their research and are involved in standard electronic transactions.
- All UH faculty and staff must additionally comply with SBUH policies and procedures pertaining to the HIPAA Privacy and Security Rules.

## When does HIPAA not apply ?

- When the health information is properly de-identified by either:
  - 1) Written attestation provided to CORIHS by an expert in de-identification methods that there is very minimal risk the information being generated, used or disclosed can be used to identify the subject, or
  - 2) The SBU investigator certifies to CORIHS, utilizing the HIPAA De-Identification Form, that all of the 18 identifiers are removed and that the remaining information can not practicably be used to identify the subject.

# Rights of University Hospital Patients Who Become Research Subjects at SBU

- To receive a copy of the Stony Brook Organized Health Care Arrangement (SBOHCA) or Joint Notice of Privacy Practices (NOPP) which informs them how their health information is going to be generated, used and disclosed.
- To have access to their health information you have gathered for research purposes (generally once their participation has ended);
- To be notified of possible “third party” disclosures that may be made for research purposes. This is done via the research consent form.

# Waiver of Subject HIPAA Authorization

When the research...

- Is deemed minimal risk, or
- Involves only deceased subjects, or
- Involves only a limited data set

...then a waiver from obtaining HIPAA Authorization from the subject can be granted. 'Minimum Necessary' and 'Accounting of Disclosure'

**Requirements may apply** (refer to Standard Operating Procedures which can be found at <https://web.stonybrook.edu/research/humans-sop/Shared%20Documents/Section16.aspx>)

## Security: what do I need to know ?

- No PHI in outgoing e-mail (including file attachments).
- All individually identifiable health information must be stored in a password protected application/program/file.
- Sharing of user names and passwords (user access) is strictly prohibited.
- Storage of IIHI or Protected Health Information on mobile devices that are not encrypted and password protected is strictly prohibited and a violation of the HIPAA Security Rule.
- There are several secure methods of transmitting PHI electronically – consultation with the Information Security Officer is highly recommended.

## Violations...

- SBU faculty, staff and students are required to report to CORIHS either potential or actual violations of a subject's privacy rights as defined by SBU CORIHS Standard Operating Procedures found at:

<https://web.stonybrook.edu/research/humans-sop/Shared%20Documents/Section16.aspx>

- SBUH faculty and staff are required to report to their supervisor or the SBUH Privacy Officer either potential or actual violations of a patient's privacy rights as defined by SBUH Policy and Procedure (SBUH Administrative Policy RI: 0038 Confidentiality of Protected Health Information)
- Health Care Providers who violate HIPAA Privacy and Security regulations may be subject to potential criminal and civil penalties.

## Who/What are my resources when I have ?'s

- Judy Matuk, Assistant Vice President, Research Compliance  
632-9036 (2-9036)
- Stephanie Musso, SBUH Privacy Officer  
444-5796 (4-5796)
- Tom Consalvo, Information Security Officer  
444-6730 (4-6730)
- Standard Operating Procedures found at:

<https://web.stonybrook.edu/research/humans-sop/Shared%20Documents/Section16.aspx>