



# **Sanford Health Orientation**

## **Student Edition**

### **Our Mission**

Dedicated to the Work of Health and Healing

### **Our Sanford Vision**

Improving the human condition through exceptional care, innovation and discovery.

# Student Orientation to Sanford Health

You are responsible for reviewing this orientation material prior to your experience at Sanford Health. This information is your orientation to Sanford Health. These guidelines are for your safety, as well as for the safety of our patients and staff. Once you are at your assigned clinical location, orient with your instructor or assigned Sanford employee to area specific safety information. We hope that you have a rewarding experience while you are at Sanford.

## Patient Bill of Rights

Sanford Health protects and promotes patient rights. If you are not familiar with patient rights, please review <http://www.sanfordhealth.org/patients-visitors/patient-information/patient-bill-of-rights>

Examples from the Patient Bill of Rights include:

- All patients have the right to participate in decisions regarding their healthcare.
- All patients have the right to information about the treatment they are receiving.
- All patients have the right to courteous and respectful treatment.

## Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Our mission is to provide the highest quality healthcare to patients. As a part of this mission, we are responsible for keeping information about their health and healthcare confidential. The Health Insurance Portability and Accountability Act of 1996 makes it illegal to violate patient confidentiality.

Sanford patient privacy must be respected at all times. Students must avoid discussion of personal details relating to a patient, their medical history, or conduct, whether inside and outside our facility when not required for work or training. Avoid care-related discussions about patients in public areas where conversations may be overheard. These guidelines also apply to any patient information you encounter at Sanford, including our electronic medical record. The medical record is a confidential document owned by Sanford Health. Therefore, students are not allowed to access, inspect or copy their own medical information. Patient information in any form, including your own, must only be accessed when required for work or authorized training purposes.

These confidentiality rules are not limited to the patients you meet during your experience at Sanford. They also apply to any friends, relatives, or acquaintances that may be hospitalized or visiting the facility for diagnostic tests or treatment. What you hear and see at Sanford must stay at Sanford.

## Social Media

Posting to social media sites regarding Sanford patients is prohibited. Patient information is protected by federal and state privacy laws. This includes descriptions of injuries, conditions, or behaviors. It also covers photos, videos, or any other images of patients, even if they are not identifiable. Students will be held personally accountable for any inappropriate disclosure of protected information and risk future placement at any Sanford Health facility.

## Electronic Health Record

Accessing patient information is on a need-to-know basis only. You are allowed to view and access records for work and authorized training purposes only. Accessing your personal or family members' records is prohibited. The ability to access information does not equal a right to access that information.

## Document Disposal

Confidential documents are to be discarded in the designated, secured bins marked for document disposal. Each work area has a designated place for this container, in which you should place any papers that may contain confidential patient information. This includes any student paperwork.

If you hear, see, or otherwise become aware of a situation where patient information is being inappropriately used or disclosed, it is your duty to report the incident to your instructor or preceptor/clinical supervisor. You may also call the Compliance HOTLINE 1-800-325-9402 or contact the Privacy Office at [privacyoffice@sanfordhealth.org](mailto:privacyoffice@sanfordhealth.org). The contact information for these resources can also be found on Sanford Health's intranet, in the telephone directory, or on the HOTLINE posters that are displayed throughout our facilities.

## Corporate Compliance

Sanford expects personnel and students to comply with federal, state, and local laws and regulations as well as Sanford policies. Non-compliance can also refer to a person or department who violates Sanford billing compliance policies or other legal requirements. If any suspected illegal or non-compliant behavior is noticed, it must be reported to the Compliance HOTLINE (1-800-325-9402) or email [compliancehotline@sanfordhealth.org](mailto:compliancehotline@sanfordhealth.org). You have the right to remain anonymous. You should feel free to report any issue without fear of repercussions. Sanford's Corporate Compliance Program absolutely prohibits retaliation, intimidation, threats or harassment of any kind for reports made in good faith. If you think that you are a victim of retaliation, contact Corporate Compliance, Human Resources or call the Compliance Hotline listed above.

## National Patient Safety Goals

National Patient Safety Goals focus on problems in health care safety and set guidelines for resolving them. If you are not familiar with the National Goals, connect with your preceptor or instructor for assistance to locate the information on the Sanford intranet.

Examples of guidelines set by the National Patient Safety Goals include the following:

- ◆ Use 2 patient identifiers (first and last name and birth date) when providing any clinical care.
- ◆ Make sure that the correct patient gets the correct blood when they get a blood transfusion.
- ◆ Report critical test results to the right staff on a timely basis.
- ◆ Use medications safely:
  - ◇ Label medications that are not labeled.
  - ◇ Take extra care with medications used to thin the patient's blood.
  - ◇ Record and pass along correct information about patient medications.
  - ◇ Educate the patient on how to keep their medication list up to date and advise patients to carry the list with them.
- ◆ Make sure that alarms on medical equipment are heard, and respond to them quickly.
- ◆ Prevent Infection:
  - ◇ Follow the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
  - ◇ Use proven guidelines to prevent infections that are difficult to treat, such as central line-associated bloodstream infections, surgical site infections, and catheter-associated urinary tract infections.
- ◆ Identify patients who are most likely to attempt suicide.
- ◆ Avoid mistakes in surgery by using the Universal Protocol for Preventing Wrong Site, Wrong Procedure:
  - ◇ Make sure the correct surgery is performed on the correct part of body of the correct patient. Mark the correct place on the patient's body where procedure/surgery is to be done.
  - ◇ Take a "time-out" prior to beginning a procedure/surgery to communicate with all members of the team.

All direct patient care that students participate in while at Sanford must be under the direct supervision of a Sanford employee. Supervision may be delegated to your educational institution's clinical faculty by a Sanford staff member. Sanford Health does not rely on students for the delivery of patient care.

## Infection Control

Wash hands properly with either soap and water or waterless antiseptic/alcohol foam:

- ◆ Upon entering or leaving the patient room
- ◆ Between patients. Before and after any patient contact
- ◆ After unanticipated contact with blood or other body fluids
- ◆ After removing gloves, gown, or protective clothing
- ◆ After touching potentially contaminated surfaces or equipment
- ◆ Before eating
- ◆ After using the restroom

Remember, clean hands are the mainstay of preventing the spread of infections.

## Isolation

Patients with certain conditions require special isolation precautions. Signs are posted on the door indicating necessary protective gear (e.g., mask, gloves, and gown). Before entering the patient's room, check with staff for specific instructions. Hand hygiene with antiseptic or hand washing with soap and water (for *C. difficile*) must be performed upon entering and leaving the patient's room. Patients known or suspected to have infectious tuberculosis will be placed in an airborne isolation room, and all caregivers will wear an approved, fit-tested respirator mask when entering the patient's room. Only persons who have been fit-tested may utilize these masks.

## Standard Precautions

When contact with blood is expected, many exposures to the eyes, nose, mouth, or skin can be prevented by using appropriate personal protective equipment (e.g., gloves, eye shield, face mask, and gowns). Personal protective equipment will be used in any cases of contact with body fluids or contaminated equipment. Under Standard Precautions, all patients and bodily fluids are treated as potentially infectious.

## Student Illness

Another method of preventing the spread of infection is to isolate yourself when you are ill. Do not come to Sanford when you are ill and/or experiencing any of the following: flu-like symptoms, diarrhea, strep throat (until on antibiotics for 24 hours), pink eye (conjunctivitis until eye discharge ceases), fever, muscle aches, cough, etc.

## Student Injury

Any injuries sustained while present on any Sanford Health campus must be reported to your instructor and preceptor/clinical supervisor and complete an Exposure/ Non-Employee Incident Report and the school's required paperwork at the time of injury. All injuries must be reported, even if you believe it is inconsequential.

## Emergency Preparedness

In the event of an emergency, report to your preceptor or instructor for directions. Be aware of your surroundings and familiarize yourself with the emergency exits and plans.

## Fire Safety

- ◆ Know the locations of your nearest pull station and fire extinguishers located on each floor/area.
- ◆ Make sure the fire doors are not blocked.
- ◆ In the event of a fire, do not use the elevators.
- ◆ Follow the **RACE** protocol when responding to fires:

**R**escue anyone in immediate danger.

**A**ctivate the fire alarm system by pulling the lever on the nearest fire pull station. Call for help. Dial the facility's emergency number to report the fire. Give the operator the following information: the location of the fire (include the building name, floor, and room number or area) and the type of fire.

**C**ontain the smoke or fire by closing all doors and windows in the immediate area.

**E**xtinguish the fire or evacuate the area.

If personal safety permits, make an attempt to control the fire by using the fire extinguishers and use the **PASS** method:

**P**ull the safety pin from the handle.

**A**im the spray or hose nozzle at the base of the fire.

**S**queeze the handle to spray the contents. Be aware that a fire-extinguisher has less than 30 seconds of spray time.

**S**wEEP back and forth as you spray the base of the fire

## Emergency Codes

Type	Incident Type	Code
<b>Medical</b>	Adult Code	Code Blue – Adult (location)
	Pediatric Code	Code Blue – Pediatric (location)
	Neo-Nate Code	Code Blue – Neo-Nate
	Adult Trauma	Adult Trauma Team – Level 1 or 21
	Pediatric Trauma	Pediatric Trauma Team – Level 1 or 21
	Rapid Response Team	Rapid Response – Location2
<p>If no level exists, then level announcement is omitted.            In house medical responses in some locations (rapid response teams) are sent to pagers and not paged overhead.</p>		
Safety / Security	Incident Type	Code
	Disruptive Individual	Security Alert – Manpower needed (location)
	Missing Person /Elopement	Security Alert – Missing Person (age/gender)
	Infant Abduction	Security Alert – Missing Person (infant/gender)
	Dangerous Person	Security Alert – Armed Intruder (location)
	Bomb Threat	(Silent Activation)
	Controlled Access	Security Alert – Controlled Access
	Lockdown	Security Alert - Lockdown
	Fire	Fire Alarm - Location
Disaster / Crisis / EOC activation	Surge, HAZMAT, Other	Incident Command Activation – (define incident)
<p>In many cases, a “silent activation” is done via pagers or eICS. The Administrator on Call / Incident Commander will determine the need for silent activation or overhead page based on event history and required resources. Decision process may differ between regions</p>		
Weather Related <sup>1</sup>	Tornado Watch	Weather Alert – Tornado Watch
	Tornado Spotted	Weather Alert – Tornado Warning
	Severe Thunderstorm Expected	Weather Alert – Severe Thunderstorm Watch
	Severe Thunderstorm in progress	Weather Alert – Severe Thunderstorm Warning
	Winter Weather	Weather Alert – (Define Type <sup>2</sup> )
<p>Overhead pages for weather events are determined by the Administrator on Call / Incident Commander.            Can be Winter Weather Advisory, Winter Storm Warning, Blizzard Warning, Wind Chill Advisory, Hazardous Weather Outlook.</p> <p><b>Note:</b> Overhead paging decisions are based on facility policy and/or severity of the specific weather event.</p>		
Utility Failure	Water Outage	Facility Alert – Water Outage
	Electrical Outage	Facility Alert – Electrical Outage
	Natural Gas Outage	Facility Alert – Gas Outage
	Telephone Outage	Facility Alert – Telephone Outage

## Tornado Safety

In the event of a tornado warning, an announcement will be made on the facility public address system.

Follow these steps to protect yourself and our patients:

- ◆ Assist staff with securing patients.
- ◆ Keep away from windows and move to an inner corridor.
- ◆ Move to the lowest level of the building. Use the stairways, not the elevators.
- ◆ If the tornado hits, lie flat on the floor against a wall.
- ◆ While it is recommended that all occupants stay in the facility, they may leave any time they wish.

## Incident Command

In the event of a disaster related event, Sanford Health follows FEMA protocol for managing resources and communication. This protocol, called the Incident Command Structure (ICS), is the structured response to disaster incidents which requires key individuals to respond. If there is a disaster or crisis causing anticipated or actual patient surge or requiring HAZMAT response or other forms of crisis, Incident Command Activation is called to alert staff. This code also notifies those serving in ICS roles that they should respond to their command center.

## General Safety Rules

Perform work safely, without causing harm or risk to yourself, others, or property, using the following guidelines:

- ◆ Use personal protection equipment (body protection, eye protection, hearing protection, hand protection, and masks) as needed.
- ◆ Operate only approved electrical equipment in areas where oxygen is in use.
- ◆ Always use equipment for its intended purpose.
- ◆ Use clinical alarms on all equipment.
- ◆ Operate only equipment you have been trained to use.
- ◆ Recognize safety hazards and take corrective action, seeking assistance when needed.
- ◆ Always use proper lifting techniques when lifting patients and heavy objects.
- ◆ Report defective equipment to your preceptor immediately and remove it from service.
- ◆ Observe safety precautions when using hazardous materials.
- ◆ Be observant of unsafe conditions and report safety hazards to your preceptor immediately.
- ◆ Report any emergency situation (fire, security, etc.) to your preceptor immediately.

## Hazardous Materials

The Hazardous Materials Management Program is intended to promote a safe, controlled environment for our patients, visitors, students, staff, and other users of Sanford facilities. Preventive measures and safeguards are in place that adhere to OSHA standards. These policies are to maintain a safe environment during the use hazardous materials. Safety Data Sheets (SDS) describe the hazards and give information on handling, storage and emergency procedures in case of accident. To familiarize yourself with the online chemical search, connect with your preceptor/instructor for assistance to locate the information on the Sanford intranet. An online chemical search is located online on Sanford's website. Students who observe a hazardous material spill should notify their preceptor or instructor immediately to initiate emergency procedures.

The use of protective clothing and equipment is enforced in areas where corrosive or toxic substances are used. Individuals working in areas with a higher risk of exposure to radiation are monitored, and exposure is strictly regulated by state and federal agencies.

## Diversity

We believe an understanding and appreciation for people from diverse backgrounds and cultures is critical to fulfilling our mission. You are expected to treat all individuals with respect and dignity regardless of their age, gender, sexual orientation, disability, race, creed, color, national origin, religion, veteran status, or any other aspect protected by federal, state or local law.

## Age-Specific Care

All students who interact with patients must adapt the care they provide, according to growth and development stages, safety concerns, the care environment, communication issues, the level of patient/family education, and with special considerations to relieve anxiety and pain. This applies even if the students are not direct care providers.

## Conduct & Discipline

Students are expected to comply with Sanford's policies and procedures at all times. If a student's performance, work habits, attitude, conduct, or demeanor are unsatisfactory, disciplinary action, up to and including, termination of the student experience will be taken.

## Harassment

Sanford policy makes all personnel responsible for assuring that the workplace is free from any type of harassment. All personnel, including students, must avoid any action or conduct which could be viewed as offensive or inappropriate. Students are to report any concerns regarding the work environment to their preceptor or school faculty.

**Harassment** includes verbal or physical conduct designed to threaten, intimidate, or coerce. It includes any actions or behaviors which interfere with an individual's ability to do their job by creating a hostile or intimidating environment, based on gender, race, color, religion, national origin, age, disability, military/veteran status, pregnancy, or protected activity.

**Sexual harassment** includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

## Dress Code

It is important that all students project a professional image and reflect Sanford's commitment to health and healing. Modesty, cleanliness, and neatness are the main guidelines to follow in dressing appropriately for student experiences. Clothing must be clean, well-fitted, pressed, and appropriate for the service area and the student role. No jeans or other denim pants or skirts are allowed.

Body art (tattoos, multiple piercings/jewelry) that is deemed to be inappropriate or offensive to patients, family members, guests of patients, other customers or employees is not allowed to be visible. Cologne/perfume is prohibited in clinical areas.

## Identification Badges

Individuals are required to wear a picture ID nametag so they can be identified. Students should wear the pictured name badge issued by their school, and it is to be worn above the waist. If special access is required, the student will receive a Sanford badge. If a student misplaces their Sanford badge, a replacement badge will be issued for a fee.

## Cell Phones

Cell phones must be kept off and out of sight on premises during your experience.

## Internet Usage

Sanford monitors all electronic systems/computers to ensure they are being used for company purposes only. As students, you voluntarily consent to monitoring when using Sanford IT systems. Students have no right to privacy in any electronic communication while at Sanford. E-mailing any information for personal benefit is forbidden, as is the sending of discriminatory, offensive, harassing, or defamatory statements.

## Drug-Free Workplace

It is absolutely prohibited to unlawfully manufacture, distribute, dispense, possess, or use controlled substances at any Sanford location. Any person violating this policy is subject to removal from Sanford property and will not be allowed to finish their educational experience.

## Smoking Policy

Sanford Health is a tobacco and smoke-free institution. This policy includes all indoor and outdoor property.

## Solicitation

Sanford prohibits any individual soliciting sales for personal profit or benefit. Sanford Health also limits solicitation, distribution, and posting of signs on its premises because these activities can interfere with normal operations, reduce employee efficiency, and hinder the security of our employees and their property.

## Parking

Your preceptor or instructor will provide instructions on where students must leave their vehicle. If you are parked in a restricted non-student area, your vehicle may be ticketed or towed since parking areas are patrolled by Security. Please be considerate of parking needs for patients, visitors and staff. We encourage you to park in well-lit, heavily-traveled areas. Escorts from the facility to your vehicle by Security are available; please call, if needed. Be aware of your surroundings and use common sense to be safe.

## The Sanford Experience

The Sanford Experience includes service standards that assist in providing patients/guests and employees with the ideal experience. It is in the little everyday moments that we can make a positive impact on the lives of each other and our patients and guests. Every employee and student here at Sanford is a caregiver. We are here to meet people along their journey with the intention to help and heal; to care for the body, mind and spirit. It is through the human connection that we can make a difference in the lives of those we serve. It requires each and every one of us to come together as a unified team to partner in providing patients and guests with a high level of service and exceptional care. When we take time to listen, connect and truly embody the spirit of service the Sanford Standard comes to life. We hope you have a wonderful learning experience at Sanford. We are grateful you are here and we are excited to have you join with us in providing first class patient centered care by delivering on our Sanford promise every day.

Expectations of the Sanford Experience for students:

- ◆ Taking pride in the appearance of our facilities, ensuring that things are presentable and clean
- ◆ Making eye contact and welcoming people with a smile
- ◆ Walking patients and guests to their destination
- ◆ Following up on questions/concerns
- ◆ Personalizing the care by meeting our patients needs and preferences
- ◆ Providing a safe, secure environment for our patients and guests





## **Student Orientation: HIPAA Health Insurance Portability & Accountability Act**

# HIPAA: National Privacy Law

## History of HIPAA

What was once an ethical responsibility to protect a patient's privacy is now mandated by the federal government through the Health Insurance Portability and Accountability Act (HIPAA). One purpose of HIPAA was to make health care more efficient by use of electronic transmission of information. The federal government knew that people were concerned about the confidentiality of their health care information, especially if it was transferred electronically. So Congress directed that rules be developed to safeguard the privacy and security of health information.

Two sets of regulations were created to protect health information:

- The Privacy Rule, which took effect in 2003
- The Security Rule, which took effect in 2005

When the Privacy part of HIPAA went into effect, you probably saw "Notices of Privacy Practices" show up in your dentist's office, pharmacy, doctor's office, or hospital.

**The Privacy Rule** is a federal law that grants individuals certain rights over their health information and sets rules and limits on who can look at and receive health information. The Privacy Rule applies to all forms of **P**rotected **H**ealth **I**nformation (PHI), whether electronic, written, or oral.

**The Security Rule** focuses on technical and physical things like computer passwords and 'sign-ons'.

Health care organizations are responsible to:

- Educate you about these rules,
- Monitor the work to be sure rules are being followed, and
- Discipline anyone who violates the privacy or security of patient information
  - **NO Exceptions**
  - **NO Excuses**
  - **NO...I am a student and I didn't know**

## Why do I need to learn about HIPAA?

**As a student at Sanford Health, will you...**

- Create and/or use medical records?
- Work with computers or work around computers?
- See information about patients?
- Hear others discussing patient information?
- Pass through locked doors during your clinical experience?

As you see, you will have some level of access to patient information, so you must learn how to safeguard that information!

**Maintaining the security of confidential information is the student's duty and responsibility.**

# Important Terms

**Protected Health Information (PHI)** is information specific to a patient and must be kept confidential. It includes such items as:

Name	Phone number
Social Security number	Address
Condition	Date of admission

**Covered entities** include all health care providers who use electronic systems for payment for their services; they are “covered” by the HIPAA regulations and must follow them. Sanford Health is a covered entity.

**Sanctions** are punishments for violating the HIPAA rules:

- Civil fines range from \$100 to \$50,000 per violation depending on the violator’s intent, up to \$1.5 million per year for each violation
- Criminal punishments include up to \$50,000 and one year in prison for knowing violations of the law, up to \$100,000 and five years in prison for misusing PHI under false pretenses, and up to \$250,000 and 10 years in prison for misusing PHI maliciously for monetary gain.

## Receive Notice of Privacy Practices

Patients will get a brochure from their dentist, doctor, pharmacist, and any other provider or insurance carrier that is a covered entity. The brochure tells about the privacy practices of that location.

## Request restriction of uses and disclosures

Patients can ask that their information is not shared with specific groups or persons. The health care provider does not have to agree to the request, but if they do, they must abide by it. The health care provider must agree to a request not to send information to the patient’s insurance company if the patient is paying for the entire service herself.

## Receive an accounting of disclosures

Patients may review the list of places their records have been sent (other than things sent because of treatment, payment and operations).

**Treatment, Payment, or Operations (TPO)** do not require the patient’s signature or authorization for information to be shared for any of these purposes.(Health care “operations” also includes training programs for students.)

**Business Associates (BA)** includes companies that work for health care organizations, such as the company that destroys or shreds used paper. The HIPAA laws might not apply to them directly, but if they do work for agencies/facilities that involve PHI, they must sign a BA agreement saying they’ll protect it the same way the organization would.

## Request amendments to records

Patients have the right to ask for changes in their records. Health care facilities may allow or refuse to make the changes based on the input of the physician. For example, if a patient wants to remove information regarding smoking because he/she quit last week, the doctor may say that this history of smoking is important information to keep in the records.

## Access their own PHI

Health care providers must give patients access to their records. However, providers may want to review it with the patient to answer questions and explain notes.

## Request confidential communications

This means that patients can restrict how information is shared. For example, patients may ask that reports are sent to their office, not their home.

**The Privacy Rule provides Patients the Right to...**



## The Privacy Rule: Right or Wrong?

❶ You're a student on a team of people caring for a patient. You wonder if you can talk to your clinical instructor later with questions about the patient.

👍 *RIGHT, anyone who provides clinical care has access to a patient's PHI if they need it to do their work. Each member of the workforce has a job description that says whether they are allowed access to PHI. If you are treating a patient, you don't need to get the patient's written permission to give PHI to another person on your health care team who is also caring for the patient.*

❷ Ms. S sees that her record reports she is allergic to penicillin. She asks the nurse to change that information since she is not really allergic to it. The nurse submits her request, and Ms. S's physician approves the change of information. The appropriate person in medical records makes the change.

👍 *RIGHT, patient rights allow the patient to request changes. Only those authorized to make such changes to information in the legal record may do so; in this case the physician agrees with the change.*

❸ Mr. J is furious that he is getting advertisements from a drug company ever since he was diagnosed with cancer. He wants to know if the hospital told the company of his diagnosis. He is shown an accounting of all the places his PHI was disclosed and there was no disclosure to a drug company.

👍 *RIGHT, Information did not come from the hospital since violates patient privacy and HIPAA.*

❹ Your patient requests to get a copy of his medical record because he wants to have them on file at home.

👎 *WRONG, patients are not automatically given their medical record. The medical record is owned by the facility therefore, patients must request their medical record through Release of Information (ROI) to access this information.*

❺ A patient is admitted in serious condition and she has asked that we don't list her as a patient in our system. That means no information can be shared about her location if someone calls. When her daughter calls admitting to see if she is here, I say "I'm sorry, either your mother is not a patient in our hospital or she has requested not to be listed in our directory." Is this the right answer?

👍 *RIGHT, patients can choose not to be listed in our directory (no location, no information). Normally patients don't restrict this and name, room number and 'general' condition are provided. Some patients want callers to know they are in the hospital but not to give condition information (location, no information). If the daughter calls already knowing her mother is here, asking to be connected to her mother's room, that allowed.*

❻ You happen to notice that one of your instructors is on a very interesting medication. You'd like to share this information with your classmates.

👎 *WRONG, this information is confidential and protected by state and federal privacy laws. You may not discuss any private information with anyone not directly involved in the care of the patient.*

❼ You are talking to a doctor in the hallway about Mrs. K's clinical care and a visitor who is passing by overhears you. Will you have to go to jail?

👎 *WRONG, you should avoid discussions in public places whenever possible, but sometimes "incidental disclosures" can't be avoided. This is not a violation of the law if you are being reasonably careful. Don't talk about patient information on a public elevator. But you may talk about it in the patient's treatment area or places not as open to the public.*

❸ A patient came into the E.D. drunk, following an accident. Shortly afterward the police arrive and request to read the patient's record. The staff refuses to let them read the record. Is this right?

👍 *RIGHT, law enforcement is not a covered entity and there are very specific rules for disclosure of information. Go through the chain of command before releasing information to law enforcement.*

❶ I am a patient at the same health care facility where I work. So whenever I want to review my medical records or my family members, I can go in and see them on the computer.

👎 *WRONG, students are not allowed to access, inspect or copy their own medical information or any family members. They must request information through ROI.*

**All information related to any patient is considered confidential.**

# Patient Identifiers

HIPAA requires that all patient data obtained at a health care facility must be specifically stripped of all patient identifiable information, known as de-identification, before a student may use it in any type of activity outside the confines of the health care facility. This includes care plans / assignments as well as conversations with professors and other students. There are 18 specific identifiers listed in this Privacy Rule.

## Patient Identifiers

Names	Certificate/license numbers
Geographic: address, city, county, precinct, zip, etc.	Vehicle identifiers; serial numbers & license plates
Dates (except year): admission/discharge; birth/death; if > 89 years old birth date not used	Device identifiers & serial numbers
Telephone numbers	Web URLs
FAX numbers	Internet protocol addresses
Electronic mail addresses	Biometric identifiers (finger and voice prints)
Social Security numbers	Full face photos & comparable images
Medical record numbers	Any unique identifying number, characteristic, code
Health plan beneficiary numbers	Account numbers

If the patient's records or PHI contain any of the above information about the patient's relatives, household members or employers, that must also be removed. For example, you are not allowed to say, "I can't tell you who this person is, but she works at Sears in the electronics department."

## Sharing Information

As part of your education, you may need to share specific patient data with the health care facility staff, professors, or other students. The sharing of patient data in verbal, written, and electronic formats is **only** appropriate when you do so as a part of your clinical training.

### What does this mean to me?

❶ The hospital where I complete my clinical rotation prints out a kardex with all the nursing orders and patient information I will need to assist in caring for the patient. If I remove all the patient identifiers, can I take this home with me so that I can complete my nursing care plan?

👍 **RIGHT**, but only if you totally de-identified ALL patient identifiable information and maintained patient confidentiality; remember to use letters, numbers or name that has no connection to the patient.

❷ I saw someone from my hometown walking down the hall in a patient gown. I can't wait to get home and call my mom. Is this okay?

👎 **WRONG**, if you share any patient information (identifier), e.g. name, that you learned as part of your clinical training, you have broken the Privacy Rule.

❸ I got to watch a surgery today and the patient had a cool tattoo. My roommates aren't going to believe it when I tell them what it was. Is this okay?

👎 **WRONG**, if you share any patient information (unique characteristic), e.g. tattoo, with your roommate you have broken the Privacy Rule. Remember, sharing any patient information is only appropriate when you do so as part of your training.

❹ My classmate and I are having lunch in the cafeteria and talking about our interesting patients. Since this is a hospital it is considered a confidential place, right?

👎 **WRONG**, confidential information may only be shared with clinical persons in private area. **DO NOT** discuss private information in: cafeteria, elevator, stairwell, waiting room, meeting room, or public areas.

**Only access information that is needed to do your job.  
Only provide information to others that is needed for their job.**

# The HIPAA Security Rule

The Security rule is primarily an E-rule, which means that electronic Protected Health Information must be secured from access by the wrong people. Every health care worker and student must know the following E-HIPAA rules:

- Password management
- Access controls
- Monitoring
- Viruses and malicious software

Remember, the Rules Keepers (the federal government) can come at any time and ask you questions about these rules!

## Protecting Your Password

Passwords are one of the most important protections! Well-chosen passwords keep even the smartest 'hackers' out of our systems. You will need to change them routinely to add more security. Now let me guess...your password is the name of your dog, your child, your spouse, or it's your birthday. Passwords that are easy to remember are also easy to steal! A password that is at least eight characters with one lower case and one upper case, and one number. Mix it up when creating your password.

## Access Controls

Access control means not allowing others to get into places they don't belong or do things they have no right to do. You also need 'access controls' for Protected Health Information (PHI). Checks on access controls include:

- ✓ Don't let others know your password and don't write it on a sticky note and put it on the computer!
- ✓ "Time outs" for computers screens are set so that if you don't use your computer for a certain amount of time (e.g. 10 minutes) it will blank out the screen and you will have to re-enter your password.
- ✓ Maintain computer security by turning computer monitors away from the public or lock them based on the level of security and concern. Never give anyone the code or your identification badge to get into a locked door because that may also give them access to PHI.

**The most common reason computers are accessed by the wrong people is because they found your password or you actually gave it to them.**

**It is your responsibility to protect passwords and access codes.  
Sharing your password is a violation of Sanford Policy.**

Access to computer systems can also be limited to the role or competency of the student; some systems:

- Allow for you to create (enter) information
- Are read only
- Just don't let you in at all

## Physical security to control access

Locks, keypunch pads, or electronic locks requiring one to swipe an ID badge are physical security devices. To maintain security never put PHI on removable media/devices such as computer flash drives, CDs, personal digital assistants (PDAs), and laptops. When you delete PHI that you have saved to your computer hard drive, a flash drive, a PDA, or to your laptop, it doesn't completely go away.

**Emails** containing PHI should not be sent to anyone outside of Sanford (unless encrypted). Internal emails containing patient PHI should be limited, not contain PHI in the subject line, or be routed to large groups.

# Monitoring Computer Use

The Security Rule states that health care facilities must monitor computers used throughout their computer network. The law requires that facilities monitor:

- Who is on the Internet?
- Who is going in and out of the main computer room?
- Who entered information into the clinical computer system?
- Have all terminated student passwords and access been removed promptly?

Whenever anyone uses their sign-ons and passwords, it is recorded in the system.

- It records that the person entered the system,
- At a given time,
- Made specific entries into the system, and
- Left the system at a given time.

So, if someone uses your password to inappropriately access protected health information, view pornography, look up a friend's test results or any other illegal use, it appears as though it was you.

Don't look up information for someone else who isn't allowed to get the information herself. Don't ask someone to do this for you. If you aren't allowed to see it, it is a violation to "get around" the rules by asking someone else to use their access and password to get it for you.

You should only access information you "Need to Know" to do your job. If you access information on individuals when not required to perform your job duties, it is considered snooping and will result in disciplinary action. It is against policy to access your own record (or family members or friends) for personal reasons.

**You can be held legally responsible for another person's actions  
when you share your password.**

## Protection against Viruses and Malicious Software

Firewalls are special protections to keep bugs out of the system. Virus scanning software activated in the system keeps unknown software out; however, new viruses are created frequently and may not be recognized as viruses. For example, Personal Digital Assistants (PDAs) and laptops may carry non-facility approved software and may be 'talking' to other systems outside of the health care facility.

So what is your responsibility?

- ✓ Don't open unknown attachments or unfamiliar emails that come into any computer.
- ✓ Don't go into email accounts like Hotmail while in clinical.
- ✓ Don't load software on computers used in clinical, including PDA (personal data assistant) docking stations; this would require a computer technician to work with you on new software needs.
- ✓ Don't open unknown computer programs.
- ✓ Don't bring your personal laptop to clinical to use.
- ✓ Electronic music files are never allowed to be downloaded on clinical area computers.
- ✓ Get the approval of computer technicians to add storage devices like zip or flash drives or DVD writers.