

# PRIVACY & COMPLIANCE

March 2020

Beth Israel Lahey Health   
Lahey Hospital & Medical Center

# Compliance = Doing the Right Thing

## ● Compliance is...

- Behaving ethically
- Following the law

## ● Code of Conduct: *Integrity at Work*

- List of ethical standards that *ALL* employees must follow

## ● Culture of Compliance: Federal government mandates compliance programs for health care organizations



# Compliance Team

## Lahey Hospital & Medical Center

Tara M. Sargent

- Director, Compliance and Privacy

## Beth Israel Lahey Health System

Christian Presley

- Director, Compliance and Privacy

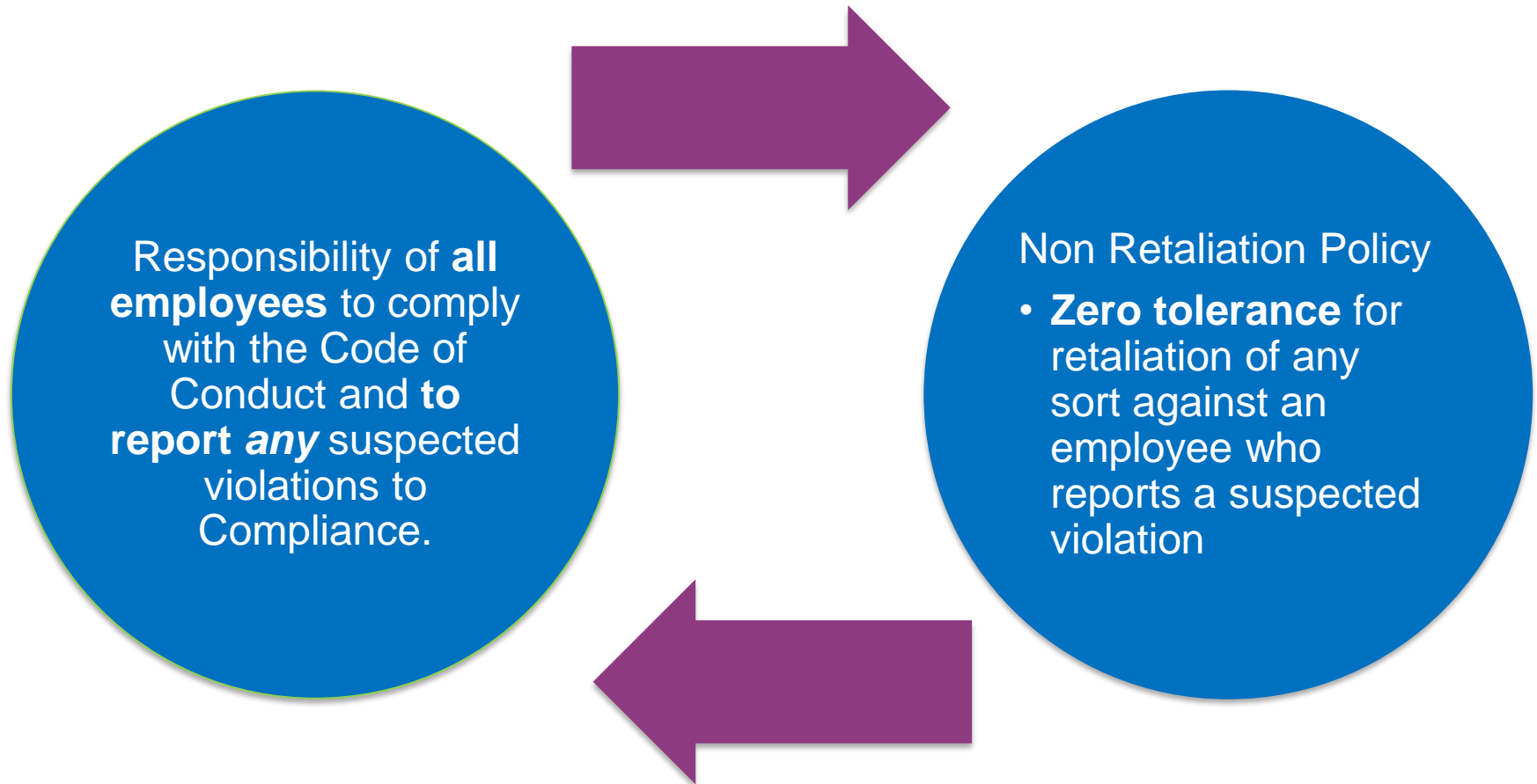
Lori Dutcher

- Chief Compliance Officer

... and the most important member...

# YOU!!!

# Speaking Up



# When To Speak Up?

Call Compliance immediately if...

**You think an employee or vendor is doing something unethical, illegal or improper.**

**Ex. Stealing  
(work time, hospital resources, patient property)**

**You are not comfortable with action that you think may not be in the best interest of our patients.**

**Ex. Not providing an assistive device to a patient who needs one**

**You disagree with how a provider is billing for services.**

**Ex. Billing for care not provided**

**A patient voices concerns about a privacy issue.**

**Ex. Patient receives another patient's medical information in the mail**

# HIPAA

- ◎ Goal: Protect the privacy and security of our patients' Protected Health Information (PHI).

## Benefits of HIPAA compliance:

- ❖ Patients trust and communicate openly with health care providers.
- ❖ Reduce risk of fines and harm to Lahey's reputation.



# HIPAA

PHI - Any information that relates to the past, present, or future healthcare of an individual **and** identifies that individual.

Includes: (but not limited to)

- Name
- Date of Service
- Email
- Phone #
- Medical / Clinical Information
- Photos
- Medical Record #
- Any other identifying code, number, picture, etc.



# How do we promote HIPAA compliance?

Policies & Processes

Education & Training

Investigation, Auditing & Enforcement

## HIPAA Policies:

- *PHI Security & Protection* – Details how to protect PHI
  - Don't leave PHI in non-secure location
  - Employees responsible for disposing of PHI in shredding bins
- *Corrective Action Policy* – Details disciplinary process
  - Verbal counseling
  - Written warning
  - Termination



# HIPAA Privacy Do's & Don'ts

## **DO:**

- ✓ Ask yourself, “Do I need to know this to do my job?” before looking at protected health information.
- ✓ Close exam room doors when caring for patients or discussing their health concerns.
- ✓ Follow Lahey Hospital & Medical Center's policy for disposing of PHI and patient information – make sure to place all paper containing PHI in a Shred-It bin.
- ✓ Tell your supervisor / compliance if you see patient information in an open trash container.
- ✓ Turn computer screens so patients and other individuals can't see information on the screen.
- ✓ Double-check e-mail addresses and fax numbers before sending patient information.
- ✓ Request 2 identifiers (name & DOB) to verify a patient's identity before disclosing PHI.
- ✓ Report **ALL** privacy concerns to your supervisor or privacy officer.

# HIPAA Privacy Do's & Don'ts

## **DON'T:**

- X Talk about patients in public places, such as elevators, hallways or cafeteria lines.
- X Allow faxes or printed e-mails containing PHI to lie around the office.
- X Leave Epic open while you leave the room to care for another patient.
- X Keep materials that connect patients' names with their conditions out in the open where anyone can see them.
- X Leave phone messages containing sensitive patient information on answering machines or voicemail systems.
- X **Go into patient medical records unless you have a clinical or business need to do so.** ( **PROTENUS** - inappropriate use audits)




# IT Security Best Practices

- **All** Lahey Hospital & Medical Center colleagues have the responsibility to protect the organization's electronic information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction.
- Users are expected to follow security policies and exercise responsible, ethical behavior when using our computer network facilities, equipment, and applications.
- If you have questions please reach out to IT Security at [ITSecurity@Lahey.org](mailto:ITSecurity@Lahey.org)



# IT Security Do's & Don'ts

## **DON'T:**

- X Choose computer passwords that can be easily guessed (such as your last name or your birth date).
- X Share your computer account name or password with **anyone**.
- X Open email attachments or click on web links without first verifying the sender. These “phishing” attempts are a serious threat to our networks and resources.
- X Dispose of electronic media that may contain ePHI into the normal trash. Call the Support Desk and ask Desktop Services to come take it away.
- X Use email other than  (Hotmail, Yahoo!, etc.) for Lahey Hospital & Medical Center business.
- X Use any unapproved data storage platforms (Box, OneDrive, pCloud, etc.) for Lahey Hospital & Medical Center Use only  <sup>OR</sup>   
Google Drive
- X Do not leave your workstation or other devices unlocked when not in use.

# IT Security Do's & Don'ts

## **DO:**

- ✓ Report **all** computer viruses, suspicious activity, or lost/stolen devices to the IS Support Center **immediately**.
- ✓ Encrypt **all** electronic PHI stored on any media.
  - ✓ Only approved encrypted USB drives can be used to store PHI.
  - ✓ Emails with PHI must also be encrypted: add **@encrypt** anywhere in the subject line to encrypt the email as well as its attachments.
- ✓ Only use approved software that is licensed for use by Lahey Hospital & Medical Center.
- ✓ Remember physical security: Never leave mobile devices or laptops in places where they are not secure.
- ✓ Go to IT Security page on MassNet or email [ITSecurity@lahey.org](mailto:ITSecurity@lahey.org) with any questions.

# Compliance / HIPAA Question?

## CALL US ! !

Tara M. Sargent  
Director, Compliance and Privacy

Lahey Hospital & Medical Center  
Tara.M.Sargent@Lahey.org  
Direct Dial: 781-744-9653  
EthicsLine: 1-855-392-5782



# How to Reach Compliance?

- **Compliance Hotline: 855-392-5782**
  - *Anonymous reporting option 24/7/365*
- **Hotline Website: [www.laheyhealth.ethicspoint.com](http://www.laheyhealth.ethicspoint.com)**
- **Compliance Intranet Site (MassNet):**  
**[http://massshare/sites/corp\\_comp/Pages/Home.aspx](http://massshare/sites/corp_comp/Pages/Home.aspx)**
- **[Privacy@Lahey.org](mailto:Privacy@Lahey.org)**

***SPEAK UP – COMPLIANCE WILL BE THERE WHEN YOU DO!***

# Have a Safety Concern?

- **Mail:** The Office of Quality and Patient Safety, The Joint Commission  
One Renaissance Blvd., Oakbrook Terrace, IL 60181
- **Web:** *[www.jointcommission.org](http://www.jointcommission.org)*
- **Fax:** 603-792-5636