

# Grow Your HIPAA & Security Training

| Topic                                                                                                                                                                                                                                                                                                                                                              |  or <br>(blooming or needs sun and water?) | My Growth Plan  |
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| <b>Cadence: When it should occur</b> <ul style="list-style-type: none"> <li>→ Start of employment</li> <li>→ Annually</li> <li>→ Ad hoc, when warranted</li> <li>→ Additionally:                             <ul style="list-style-type: none"> <li>◆ Keep records of training</li> <li>◆ Ensure everyone knows who your Privacy Officer is</li> </ul> </li> </ul> |                                                                                                                                                                                                              |                                                                                                    |
| <b>To begin, it should include:</b> <ul style="list-style-type: none"> <li>→ HIPAA overview and purpose</li> <li>→ Common language (PHI, designated record set, etc.)</li> <li>→ Covered Entity and Business Associate definitions</li> </ul>                                                                                                                      |                                                                                                                                                                                                              |                                                                                                    |



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| <b>What is PHI?</b> <ul style="list-style-type: none"> <li>→ Electronic, paper, and oral</li> <li>→ Minimum necessary rule</li> <li>→ Designated record set</li> <li>→ Consequences for non compliance (legal, financial, reputation)</li> </ul>                                                 |  |  |
| <b>Privacy Rule</b> <ul style="list-style-type: none"> <li>→ HHS Overview page</li> <li>→ Responsibilities when handling PHI</li> <li>→ Patient rights: access, amendment, accounting of disclosures, and authorization requirements</li> <li>→ Permitted uses and disclosures of PHI</li> </ul> |  |  |
| <b>Security Rule</b> <ul style="list-style-type: none"> <li>→ HHS Overview page</li> <li>→ Administrative, Physical, Technical</li> <li>→ Reporting suspicious activity</li> <li>→ Culture of it being OKAY to say I am unsure and/or I did something wrong</li> </ul>                           |  |  |



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| <b>Security Rule: Administrative</b> <ul style="list-style-type: none"> <li>→ Security management process</li> <li>→ Assigned security responsibility</li> <li>→ Workforce security</li> <li>→ Information access management</li> <li>→ Security awareness training</li> <li>→ Security incident procedures</li> <li>→ Contingency planning</li> <li>→ Evaluation</li> <li>→ BAAs</li> </ul> |  |  |
| <b>Security Rule: Physical</b> <ul style="list-style-type: none"> <li>→ Facility access controls</li> <li>→ Workstation use</li> <li>→ Workstation security</li> <li>→ Devices and media controls</li> <li>→ Data backup and storage</li> </ul>                                                                                                                                              |  |  |
| <b>Security Rule: Technical</b> <ul style="list-style-type: none"> <li>→ Access controls (access to ePHI)</li> <li>→ Audit controls (monitor access)</li> <li>→ Integrity (not deleted or altered)</li> <li>→ Authentication (person/entity is valid)</li> <li>→ Transmission (data encryption)</li> </ul>                                                                                   |  |  |



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| <b>Breach Notification Rule</b> <ul style="list-style-type: none"> <li>→ HHS Breach Notification Rule Overview</li> <li>→ Breach definition</li> <li>→ Procedures to report a breach</li> <li>→ Understanding impacts of a breach</li> </ul>                                                                                                                                  |  |  |
| <b>Practical Examples</b> <ul style="list-style-type: none"> <li>→ Share a common and uncommon (egregious) HIPAA violation <ul style="list-style-type: none"> <li>◆ <i>*no snooping*</i>, only look at what you need to look at</li> <li>◆ UCLA fired 13 people for accessing Britney Spears PHI without consent</li> </ul> </li> <li>→ Share how to minimize risk</li> </ul> |  |  |
| <b>Build a Positive Compliance Culture</b> <ul style="list-style-type: none"> <li>→ Speaking up is welcome</li> <li>→ We all want to succeed</li> <li>→ Protecting patient trust</li> <li>→ Preventing identity theft</li> <li>→ Avoid penalties</li> </ul>                                                                                                                   |  |  |

