

**Notice - ALL PHI BREACHES ARE TO BE SENT TO JENNIFER LEBOUF, Medical Records Department. ANY QUESTIONS, PLEASE CONTACT HER AT EXT. 2216.**

**COMPLIANCE ALERT !!!!!**  
**ALL PHI BREACHES MUST BE REPORTED TO COMPLIANCE!**

**August 14, 2009**

New federal regulations will require the hospital to log and report ALL Protected Health Information (PHI) breaches to the Department of Health and Human Services. The Compliance Department is responsible for logging those breaches, and coordinating any corrective action that must be taken.

- A breach is an unauthorized acquisition, access, use, or disclosure of unsecured PHI which compromises the privacy, security, or integrity of the PHI. In other words, someone got to view patient's demographic or medical information that shouldn't have.
- This would NOT include an unintentional acquisition, access, use or disclosure of PHI to a hospital employee if done in good faith, in the normal course of employment or contract so long as it is not further acquired, accessed, used or disclosed by the employee or agent. For example, if one hospital department accidentally faxed patient information to another hospital department, and the other department promptly, properly disposes of the fax. This would not be considered a breach.

The following are **examples** of PHI breaches that MUST be reported to the compliance office. **This list is not all inclusive. If you are not sure if something is a breach, contact the compliance office just to make sure.**

- An appointment notice, with a patient's name, diagnosis, and other identifying information, is sent to the wrong patient.
- A fax with patient demographic or medical information is sent to the wrong fax number outside of the hospital.
- A medical record is missing.

- A portion of medical records is found in an area such as a bathroom, the parking lot, etc.
- Someone intentionally accesses a medical record, CLIQ, SMS, or other depository of patient information whose job function does not require that access.
- A lap top or removable computer device (flash drive, floppy disc, CD, etc) that contains PHI is lost or stolen.
- A trash bag with patient information is found in a public trash can.

Remember that PHI is anything that can be traced back to an individual patient, such as

- Patient name;
- Patient account or medical record number;
- Social security number or drivers license number;
- Phone numbers, fax numbers, addresses, email addresses;
- Date of birth, birth certificate numbers;
- Health plan identification numbers;
- Full face photographic images;
- Any medical information.

Just like any other compliance call, you can contact the compliance department anonymously if you would like. The important thing is that you let compliance know about any breaches as soon as you become aware that it occurred.

**THE NEW REGULATIONS PUT A TIME LINE ON HOW QUICKLY THE HOSPITAL RESPONDS TO PHI BREACHES! THE CLOCK STARTS TICKING AS SOON AS ANY HOSPITAL EMPLOYEE BECOMES AWARE OF THE BREACH.**

## **SO PLEASE REPORT THOSE BREACHES!!**

**As always, if you have a question about this or any other compliance issue, please contact Becky Reeves at ext 1639 (Lallie Kemp) or ext 7180 (BMC), or on her BlackBerry at 225-505-8560.**

*COMPLIANCE.....Doing the Right Thing.....Doing the Right Thing Right!*