Included in this newsletter is guidance on various HIPAA-related topics that impact your everyday work life. Hopefully, it will help answer some of your questions about how HIPAA relates to your work.

The HIPAA Privacy Compliance Office is continuously reviewing which areas we have designated as covered components at Purdue, given new information that surfaces and changes in services that occur in the departments. As a result of these reviews, some changes to our list of covered components has occurred. Recently designated as covered are the School of Nursing Business Office, who processes payments for the Family Health Clinic of Carroll County, and the Insurance Services Enterprise, who conducts claims processing and quality reviews for PUSH.

I appreciate your assistance in identifying new areas that may need to be considered for coverage. Please feel free to call me if you have any information to share.

**Minimum Necessary**

HIPAA requires that uses, disclosures, and requests of protected health information (PHI) **must be limited to the “minimum necessary to accomplish the intended purpose.”**

Staff are required to comply with this standard every time they disclose PHI internally or externally to others.

**Example:** an insurance company requests a patient’s medical record for billing purposes. Only the information pertaining to a specific bill should be sent.

**Minimum necessary does not apply for:**
- Disclosures to a health care provider for treatment,
- Uses or disclosures made to the individual,
- Uses or disclosures for which you have obtained an authorization,
- Uses or disclosures that are required by law.

**Communication about Products or Services to Health Plan Enrollees**

Provided by the Office of Civil Rights

Can health plans communicate about health-related products or services to enrollees that add value to, but are not part of, a plan of benefits?

Yes. The provision of value-added items or services (VAIS) is a common practice, particularly for managed care organizations. Under the HIPAA Privacy Rule, communications may qualify under the marketing exception for a communication about a health plan’s plan of benefits, even if the VAIS are not considered plan benefits for the Adjusted Community Rate purposes. To qualify for this exclusion, however, the VAIS must meet two conditions. First, they must be health-related. Therefore, discounts offered by Medicare + Choice or other managed care organizations for eyeglasses may be considered part of the plan’s benefits, whereas discounts to attend movie theaters will not. Second, such items and services must demonstrably “add value” to the plan’s membership and not merely be a pass-through of a discount or item available to the public at large.

So, a Medicare + Choice or other managed care organization could offer its members a special discount opportunity for eyeglasses and contact lenses without obtaining authorizations if the discount were only available through membership in the managed care organization. However, such communications would need an authorization if the members would be able to obtain such discounts directly from the eyeglass store. Similarly, a Medicare + Choice or other managed care organization could offer its members a special discount opportunity for a prescription drug card benefit or for a health/fitness club membership, which is not available to consumers on the open market. On the other hand, a Medicare+Choice or other managed care organization would need an authorization to notify its members of a discount to a movie theater available only to its members.

Where can I find the latest forms and other information about HIPAA?

The HIPAA Privacy Compliance Office has developed a website for Purdue staff to access forms and other HIPAA-related information. To access the site, please visit: [http://www.purdue.edu/hipaa](http://www.purdue.edu/hipaa)

or contact: Joan Vaughan, Director, HIPAA Privacy Compliance

telephone: (765) 496-1927

e-mail: jvaughan@purdue.edu
HIPAA requires that a valid HIPAA authorization be obtained from an individual or their representative before sharing information for the following purposes:

- disclosures of psychotherapy notes, except for treatment, payment or healthcare operations, uses or disclosures required by law, or for oversight by the originator of the notes,
- marketing,
- any other use or disclosure inside or outside of the covered component other than for treatment, payment or healthcare operations or to a business associate.

A HIPAA authorization is NOT required when using or disclosing PHI for:

- the purposes of Treatment, Payment and healthcare Operations (TPO),
- sharing PHI with the individual themselves,
- sharing PHI with an entity with whom you have a valid HIPAA business associate agreement,
- sharing PHI as required by law, or in response to a subpoena, discovery request or other lawful process,
- certain required public health activities,
- certain activities requested by an employer relating to medical surveillance of the workplace,
- required disclosures about victims of abuse or neglect,
- for reporting crime, or for purposes of averting a serious threat to health or safety,
- reviews preparatory to research (by covered component staff only) and disclosures for research where an IRB waiver has been obtained.

Did you know...

Communication Regarding Bill Payment

There is some confusion about when communication can occur with persons other than the patient (i.e. spouses or guardians) regarding payment of a patient’s bill.

The Privacy Rule permits a covered entity, or a business associate acting on behalf of a covered entity (e.g., a collection agency), to disclose protected health information as necessary to obtain payment for health care, and does not limit to whom such a disclosure may be made. Therefore, a covered entity, or its business associate, may contact persons other than the individual as necessary to obtain payment for health care services. However, the Privacy Rule requires a covered entity, or its business associate, to reasonably limit the amount of information disclosed for such purposes to the minimum necessary, as well as to abide by any reasonable requests for confidential communications and any agreed-to restrictions on the use or disclosure of protected health information. At Purdue, we require that you verify that the person is authorized to speak to you about the patient’s bill either by getting a verbal okay from the patient or by verifying that the person to whom you are speaking has the bill in front of them and can give you details from the bill.

FAQ of the Month

Provided by the Office of Civil Rights
http://www.hhs.gov/ocr/hipaa/

Question:

May physician’s offices or pharmacists leave messages for patients at their homes, either on an answering machine or with a family member, to remind them of appointments or to inform them that a prescription is ready? May providers continue to mail appointment or prescription refill reminders to patients’ homes?

Answer:

Yes. The HIPAA Privacy Rule permits health care providers to communicate with patients regarding their health care. This includes communicating with patients at their homes, whether through the mail or by phone or in some other manner. In addition, the Rule does not prohibit covered entities from leaving messages for patients on their answering machines. However, to reasonably safeguard the individual’s privacy, covered entities should take care to limit the amount of information disclosed on the answering machine. For example, a covered entity might want to consider leaving only its name and number and other information necessary to confirm an appointment, or ask the individual to call back.

A covered entity also may leave a message with a family member or other person who answers the phone when the patient is not home. The Privacy Rule permits covered entities to disclose limited information to family members, friends, or other persons regarding an individual’s care, even when the individual is not present. However, covered entities should use professional judgment to assure that such disclosures are in the best interest of the individual and limit the information disclosed. See 45 CFR 164.510(b)(3).

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