Purdue's IPFW Dental Hygiene Clinic
Protected Health Information Data Handling and Disposal Guidelines

All employees who have been designated as covered by HIPAA are responsible for maintaining the confidentiality and security of patient health information. Special protections exist for protected health information and these guidelines specify appropriate data handling and disposal procedures to be used by dental clinic staff to safeguard this information.

These guidelines apply to the individually identifiable health records that are maintained by the IPFW Dental Hygiene Clinic and are protected by HIPAA and is consistent with existing University handling requirements. This information is defined in the IPFW Dental Hygiene Clinic Designated Record Set policy. Refer to this policy when considering to which records the following procedures apply.

RECORD ACCESS

➢ Only dental clinic faculty/staff/students designated as covered by HIPAA are allowed to access the information defined in the designated record set without prior patient written authorization or unless the purpose falls within the scope of allowable disclosures under HIPAA (i.e. treatment, payment, healthcare operations).

➢ All dental clinic patient information is considered confidential and only the information needed for the intended purpose should be used by, and disclosed to, covered faculty/staff/students in the dental clinic who have a “need to know” (i.e. minimum necessary). A dental clinic faculty/staff/student with a “need to know” is defined as someone who needs the information because the information is directly related to the duties and activities the person is required to perform as described in their job description. Without such information the faculty/staff/student would not be able to carry out these functions.

➢ Dental Clinic employees who are patients of the clinic or who have dependents, family members, co-workers, or friends who are patients of the clinic must follow standard procedures, applicable to all patients, for accessing their own patient information or the patient information of their dependents, family members, co-workers, or friends. A copy of the medical record should be requested through the clinician who is providing treatment. If the request is made by someone other than the patient, either a HIPAA authorization would need to be present in the file, form indicating participation in healthcare decisions or payment for healthcare or a power of attorney indicating that the employee is the patient’s representative.

➢ Faculty/staff/students may not discuss patient information with their friends, family members, spouses, religious leaders, or any other individual unless allowable by HIPAA (i.e. have knowledge that an individual is participating in healthcare decisions or payment for healthcare for the patient or a power of attorney indicating that the employee is the patient’s representative.)

➢ Inappropriate use or disclosure of clinic individually identifiable health information will be reported to the IPFW Dental Clinics HIPAA liaison or to the Director, HIPAA Privacy Compliance using the inadvertent disclosure tracking process. The University may apply sanctions to employees who do not follow HIPAA policies and procedures.
Documents containing PHI should not be left in open areas or on desks where they can easily be seen by passers by. Place these documents in folders, turn them over or place a sheet of paper on top.

Protected health information should never be sent via unencrypted e-mail. Please refer to the HIPAA Communications Guidelines for more detail: http://www.purdue.edu/push/HIPAA/Guidelines/files/communicationguidelinesforhipaa.pdf.

ITaP has provided a secure tool, File Locker, to be used for electronic communications containing protected health information: http://www.purdue.edu/push/HIPAA/FormsProcedures/Data/index.html.

If you need to communicate with a patient or health plan member and you wish to use e-mail, ask the individual in the e-mail to contact you by phone at a particular time. Your e-mail should be very general and should not include confidential information.

Periodically, individuals will e-mail confidential information to you. If a patient sends an e-mail requesting confidential information, you can modify and use the following sample text to respond:

Federal and state regulations require encrypted e-mail systems for certain confidential communications. Since Purdue e-mail communications are not encrypted, it is the policy of Purdue University not to use e-mail to discuss confidential health or benefits information. We are sorry if this causes inconvenience for you.

Please call the xxxxxxx office at (765) 49x-xxxx to speak with us or dial (765) xxx-xxxx to contact the xxxx switchboard.

Research Disclosures

Covered faculty/staff/students who are conducting research that has been approved by Purdue’s IRB, authorized by the patient or pursuant to a waiver of authorization requirements, may access the dental/medical records directly to obtain the data that they need to conduct the research. The researcher will be responsible for using only the data that is listed in the HIPAA authorization and approved for use by the IRB.

In the case of research disclosures that require tracking (i.e. where a waiver of authorization has been granted), the researcher will be responsible for providing the tracking documents to the IPFW Dental Clinics HIPAA liaison, who will ensure that the tracking documents are filed in each patient record.

Non-covered faculty/staff/students will be required to request data from the IPFW Dental Clinics HIPAA liaison for use in Purdue IRB approved research. When a waiver of authorization requirements is granted and tracking of disclosures required, the tracking documents will be provided by the researcher to the HIPAA liaison responsible for that particular area of the clinic. The HIPAA liaison will ensure that the tracking documents are filed in the appropriate patient dental/medical records.

In the case where use of a limited data set is required, the Purdue IRB approvals will be presented by the researcher to the HIPAA liaison. A data use agreement will be provided to the researcher for
signature, by the HIPAA liaison. The data use agreement will be maintained by the HIPAA liaison for six years from date of creation and a copy provided to Purdue’s IRB by the researcher.

**Preparatory to Research**
Use or disclosure of protected health information may be sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research.

*Covered* faculty/staff/students who are considering research may access the dental/medical records directly to obtain the data that they need for preparatory to research purposes. The data may not be used for research until after the researcher has obtained the appropriate approvals from Purdue’s IRB.

*Non-covered* faculty/staff/students will be required to request information from the clinic supervisors for preparatory to research purposes. No identifiable data may be provided to the researcher without appropriate approvals from Purdue’s IRB.

**Procedures for Accessing the Dental/ Medical Record**

- The paper dental/medical records are stored in open file cabinets in the clinic business and will be maintained for a minimum of seven years. The business office is behind 2 doors that are locked at all times.

- The records will only be accessed by covered faculty/staff/students and only for legitimate business purposes.

- Records may not be accessed for research purposes unless the appropriate approvals have been obtained from Purdue’s IRB and patient authorizations, waiver of authorization requirements or data use agreement obtained.

- Information in the designated record set (refer to the IPFW Dental Hygiene Clinic Designated Record Set documentation for the definition) will not be removed from the clinic, except when a copy is transferred to another provider or location for treatment purposes.

**MAILING OF DOCUMENTS**
When documents are mailed via campus mail or via external mail carrier, no classification marking should be used to indicate the contents of the envelope and the envelope should be sealed in such a way that tampering would be indicated upon receipt.

**DISPOSAL**

- All information listed in the dental/medical record will be maintained for a minimum of seven years. At least bi-annually, the dental clinic manager will oversee review of the records to determine eligibility for disposal. The paper records to be purged are shredded in the clinic. Electronic media, such as workstation or server hard drives, will be provided to IPFW Information Technology Services, who will physically destroy beyond the ability to recover the data.
Employees will never copy files containing PHI to an unencrypted laptop or mobile device (i.e. palm Blackberry or FLASH drives). If data is stored on CDs or other removable media, this media will be erased or destroyed beyond the ability to recover, as specified in the University Data Classification and Handling Guidelines before reuse or disposal.