

## HIPAA OVERVIEW

Since April 14, 2003 each dental office in which you accept an assignment has been in compliance with a federal regulation known as HIPAA. The Health Insurance Portability and Accountability Act of 1996 has far reaching effects upon dental practices under the watchful eye of The Department of Health and Human Services. Every practice regardless of size, complies with these new federal regulations.

So, how do these regulations impact you? There are several items with which you should be familiar before you start to work. Please remember that each office is required to tailor these regulations to fit their individual needs. However, certain items are constant from practice to practice.

Items you should know:

### 1.) NOTICE of PRIVACY PRACTICES

Expect to review one of these each time you report to a new office. It is important that you read and become familiar with its contents. You will be expected to adhere to these statements not only while you are working at that office but also after you leave that office. You should expect to be asked to sign an acknowledgement of receipt of this statement to receive a copy of same.

Should your assignment be front office, you may be required to get each patient to sign an acknowledgement and make sure each patient received a copy of the statement. Upon receipt of signature page, this form becomes part of the patient's permanent file.

Each patient should receive a copy of this statement and sign the acknowledgment page. Should a patient refuse to sign, simply write "Refused to Sign" and put the statement and the unsigned page into the patient's permanent file.

Contents of this statement are not secret, but they may be slightly different from one office to another. A copy of this statement should be posted in the lobby for all to review.

### 2.) EMPLOYEE AGREEMENT

In addition to the above mentioned form, you should expect to be asked to sign an Employee Agreement. This agreement simply says that you will follow The Privacy Practice Statement for the office in which you are working at the time. Again this form will be slightly different from one office to another. However, the general idea behind the form is always **PATIENT CONFIDENTIALITY**.

Remember, it is your responsibility to keep the patient's medical records confidential. Any breach of this confidentiality could result in termination and/or law suit.

This program is designed to protect the medical information of each patient in each and every office. Some offices will engage in the minimum and others will take more elaborate measures. In the final analysis, the final responsibility belongs to the doctor. Be sure you are familiar with whatever measures the doctor deems appropriate.

#### HIPAA: DOs and DON'Ts

- 1.) When working in an open setting, keep your voice low and try to not discuss the patient's personal information where others could hear.
- 2.) Do not have personal conversations about a particular patient, unless it is vital to treatment.
- 3.) Do not leave out patient files in view of other patients.
- 4.) Do not discuss any patient with any other patient.
- 5.) Do not allow any information or file to leave the office.
- 6.) When discussing treatment examples with patients, never identify previous patient.
- 7.) When working front office, be sure to get signature as per the doctor's direction.
- 8.) In phone conversations, take special care to know **ABSOLUTELY** to whom you are talking when discussing a patient.
- 9.) Do not allow any patient or non-employee access to files, computers, or patient records or treatment.
- 10.) Do not fax or copy any patient information without the patient and doctor's consent.

When in doubt, **STOP!**

Refer any situations about which you are unclear to either the doctor or the office manager.

NOTE: HIPAA carries severe civil and criminal penalties for noncompliance and/or violations. Fines can be up to \$25,000 per violation of the standard and for multiple violations in a calendar year.

Fines assessed can be up to \$250,000 and 10 years in jail for knowingly violating or misusing individual identifiable health information.

## OSHA INITIATIVE FOR PROTECTING TEMPORARY WORKERS

Staffing organizations are working with OSHA to achieve two goals: 1) to reduce and prevent temporary workers' exposure to safety and health hazards during temporary work assignments, and 2) to educate clients regarding employer responsibilities as well as temporary workers regarding their rights under OSHA (Occupational Safety and Health Act).

Staffing agencies and client offices have a joint responsibility for maintaining a safe work environment for temporary workers – including ensuring that OSHA's training, hazard communication and recordkeeping requirements are fulfilled.

DAS-Austin is requiring training certifications on Bloodborne Pathogens and Hazard Communication prior to scheduling employees for any temporary assignments and/or working interviews. If you do not have any current/non-expired training certifications for both classes, you will need to take these classes.

In addition, we ask that all employees request on-site training for the following items once at the client location(s) as the information will vary from office to office:

- Locations of the hazard communication program, SDS's and index list, and exposure control plan;
- Specific infection control procedures, any specific biological hazards and disposal procedures, special emergency procedures, any special engineering controls, and person(s) to contact for additional information, including unfamiliar chemicals and their hazards;
- All personal protective equipment (PPE) that is required to perform tasks safely and information as to its location; and
- Immediate medical treatment for exposure related incidents and accident documentation.

## TEXAS HOUSE BILL 300

This state-specific health privacy bill was passed into law and became effective Sept 1<sup>st</sup>, 2012. This law imposes additional obligations which exceed the requirements of the current HIPAA Privacy Rule.

Texas House Bill 300 (HB 300) mandates new patient privacy protections and harsher penalties for privacy violations related to electronic health records (EHR). The requirements of the Texas law are more stringent than those of its federal counterpart, the Health Insurance Portability and Accountability Act ("HIPAA").

Under the Texas law, covered entities (health care providers, health insurers, and health clearinghouses) must provide customized employee training regarding the maintenance and protection of electronic protected health information (PHI). Covered entities are required to tailor the employee training to reflect the nature of the covered entity's operations and each employee's scope of employment as they relate to the maintenance and protection of PHI. New employees must complete the training within 60 days of hire and all employees must complete training at least once every two years. Covered entities must maintain training attendance records for all employees.

The Texas law requires covered entities to provide patients with electronic copies of their EHR within fifteen days of the patient's written request for the records. This provision of the Texas law reduces the timeframe a covered entity has to produce EHR following a patient's request from thirty days under HIPAA. The law charges the Texas Health and Human Services Commission with establishing a standard format for releasing patient EHR that is consistent with federal laws.

HB 300 also requires the Texas Attorney General (AG) to establish and maintain a website that states and explains patients' privacy rights under Texas and federal law.

The website will list the state agencies that regulate covered entities, and provide the agencies' contact information and each agency's complaint enforcement process. Under the new law, the AG must issue an annual report regarding the number and types of complaints pertaining to patient privacy issues.

The legislation requires training for all personnel who: come into contact, possession of, or obtains or stores protected health information (PHI). Most dental personnel will fall under this definition.

This training must be completed within 60 days of hire and renewed each time there is a material change to the law. Here are providers that offer this training online and the certificate can be printed out upon completion. (Fees are subject to change.)

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The training providers for HIPAA, OSHA, and HB300 classes are:

[www.hipaaexams.com](http://www.hipaaexams.com)  
[www.hipaatraining.com](http://www.hipaatraining.com)  
[www.smarttrainingllc.com](http://www.smarttrainingllc.com)

Continuing Education courses for Hazard Communication for OSHA, as well as a variety of excellent courses for dental professionals, is available at no charge at:  
<http://www.dentalcare.com>

The prices will vary based on which classes are needed and any package deals that may be available at the time of the training. We will let you know if we have any discount codes for the training courses.

Once you have completed the necessary training classes and have your certificates, please fax or email us a copy (just as you do with your registrations, CPR, etc.) as we will need to keep this on file.

## HIPAA, OSHA, HB 300

Overview of the Health Insurance  
Portability and Accountability Act (1996),  
Texas House Bill 300 (2011),  
OSHA Initiative for Protecting Temporary  
Workers (2014),



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