HIPAA is a federal law that was passed in August 1996. Providence Health System Alaska (PHSA) must comply with HIPAA and as a temporary PHSA worker or visitor who may be exposed to patient information you are responsible for understanding and upholding this law. If you have questions or are unsure of the appropriate way to proceed please ask the department manager or your immediate supervisor.

Protected Health Information (PHI): Information that relates to the past, present or future physical or behavioral condition, care or payment of a patient and which identifies or could be used to identify a patient. It includes information in any form or media, including oral, written or electronic.

What You Need to Do:

- Access only the minimum amount of PHI needed to perform your job.
- Do not look up PHI about yourself or for family members, friends or neighbors.
- Do not talk about patients’ PHI with family members, friends or neighbors.
- Be aware of how you handle PHI in the course of your assignments.
- Be aware of who can hear your conversations.
- Dispose of paper PHI by shredding it or by placing it in secure recycling bins.
- Dispose of electronic PHI in a manner that will render the data unrecoverable.
- Never share or post passwords.
- Log off before leaving your workstation.

Privacy Rule:

- Gives patients more control over their PHI.
- Sets boundaries on use and release of PHI.
- Holds violators accountable with civil/criminal penalties.
- Allows some leeway for disclosing PHI in the best interest of the public.
- Enables patients to find out how their PHI may be used and disclosed.
- Limits release of PHI to the minimum needed for the purpose of the disclosure.

Criminal and Civil Sanctions: There are federal penalties for violation of HIPAA standards. These penalties could potentially be applied to both Providence Health System in Alaska and you as an individual.

How to Report Privacy Concerns: We appreciate your participation in helping us protect and keep patients PHI confidential. If you notice an area that needs improvement concerning patient confidentially, please report it to the department manager or contact the Alaska region concern line to report issues to the Privacy Officer at 1-800-510-3375.

I understand & will abide by these standards:

Printed Name/Signature

Date

For Individuals under 18 years of age, a parent/guardian signature is required:

Parent or Guardian Name/Signature

Date