



HIPAA TRAINING ACKNOWLEDGMENT FORM

PURPOSE: This policy explains the process for using or disclosing Protected Health Information for Painted Hills Home Care (PHHC) staff members and contractors.

POLICY:

1. All PHHC staff will receive training regarding HIPAA compliance and PHHC policies and procedures for the use and disclosure of Protected Health Information.
2. All staff will recognize that PHI cannot be used or disclosed except as described in PHHC policies and procedures.
3. PHHC will recognize that uses and disclosures can be made to carry out treatment, payment, or healthcare operations (TPO).
4. PHHC will recognize that certain uses and disclosures require written authorization for the release of confidential information.
5. PHHC will recognize that certain uses and disclosures require an opportunity for the participant to agree or to object.
6. PHHC will recognize that certain uses and disclosures do not require participant authorization or an opportunity for the participant to agree or to object. These disclosures include:
 - Disclosure made to another “covered entity” for the treatment, payment, and operations.
 - Disclosure to Payers (i.e. Arizona Medicaid)
 - Disclosures made to the Public Health Authority, Navajo Government, or US Labor Department as required.
 - Disclosures for the purpose of research (upon approval from the Institutional Review Board).
 - Disclosures necessary for disaster relief agencies.
 - Disclosures made for the purpose of reporting Abuse, Neglect, and Domestic Violence.
 - Disclosures made to law enforcement in order to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
 - Disclosures related to violent criminals.
 - Disclosures made pursuant to legal orders.
 - Disclosures of crimes occurring on the premises of PHHC programs.

- Disclosures made to the Department of Health and Human Services for regulatory oversight.
 - Disclosures that have an impact on issues of National Safety, Intelligence, or Counterintelligence.
7. All staff members, as required by statute, are responsible for reporting suspected elder abuse in accordance with PHHC policies and procedures. All staff are required to make “duty to warn” reports to the appropriate authorities. The Privacy Officer will be consulted regarding all other non-routine disclosures. All non-routine disclosures require that only the minimum PHI that is necessary be disclosed.
 8. All staff will complete an unusual incident report, which documents request for non-routine disclosure of protected health information.
 9. The Privacy Officer will be consulted regarding all non-routine requests for PHI.
 10. Cases of suspected elder abuse will be reported as required by Arizona Statute (cases will be staffed on an individual basis with the Privacy Officer and/or designee to determine whether it is in the best interest of the participant to provide notice of the disclosure. The notice of disclosure form will be completed as appropriate).

I have read, understand, and agree to comply with the contents of this form. I understand that failure to do so may result in corrective action up to and including termination.

I further understand that I am required to complete the levels of HIPAA Training through Care Academy within 90 days of employment.

Signature:

Date: