

**Bradley University**  
**College of Education and Health Science**  
**Department of Nursing**

**Policy:** Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance

**Purpose:** To define HIPAA and student obligations regarding compliance, violations, sanctions and proper documentation of HIPAA related circumstances.

**Policy Statement:**

The Department of Nursing at Bradley University, as an educational institution, is subject to and governed by the [Family Educational Rights and Privacy Act \(FERPA\)](#), which protects the privacy of student's educational records (34CFR Part 99). Some areas of the university include non-students in their services, requiring the Department of Nursing to address the laws that govern privacy and security of nonstudent records. These laws are housed in the [Health Insurance Portability and Accountability Act of 1996 \(45CFR Part 160, 162 and 164\)](#), also known as HIPAA, and the subsequent security rules in the [HITECH Act](#) of 2009.

While the HIPAA Privacy and Security Laws apply mostly to "covered entities" such as hospitals, clinics, and other health providers outlined as subject to the Law, Bradley University self-designated parts of the University to be considered "covered" under this law because of the expansion of services to the other populations mentioned above. In addition, the Department of Nursing at Bradley University students and faculty are provided with access to protected health information (PHI) for patients they encounter in practicum settings for which the students are expected to comply with HIPAA.

**Compliance with HIPAA**

Students and faculty of the Department of Nursing at Bradley University are committed to the highest standards of HIPAA compliance and assume full personal and professional responsibility for maintaining those standards. All members of the Department of Nursing community exhibit the qualities of honesty, loyalty and trustworthiness in all academic and practicum activities, holding themselves and each other accountable for the integrity of the learning community and compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The Department of Nursing at Bradley University HIPAA compliance policy applies to any student in a BU Nursing course, and will be enforced according to the policies and procedures of the Department of Nursing.

It is the responsibility of each individual student, faculty and other Department of Nursing employees to be able to recognize and refrain from any violation of the HIPAA compliance policy and to report observed violations.

Numerous web-based resources addressing the HIPAA privacy rule are available. It is the responsibility of each student to review all aspects of the course syllabus or appropriate course documents, including the Department of Nursing HIPAA Compliance policy and policies of the clinical agencies.

All violations of the Department of Nursing HIPAA Compliance policy are taken very seriously. All violations will be reported to the Department of Nursing Associate Dean/Director to determine the extent of the violation and appropriate sanctions to be applied, where necessary. The investigating faculty is responsible to notify the facility where the incident occurred.

In addition, faculty and administration foster and encourage professional responsibility and accountability for maintaining privacy, confidentiality, and professional accountability by adhering to ethical and legal standards.

The highest priority is to educate and encourage the development of appropriate academic and professional values and behaviors within individuals, while also preserving the integrity of the learning community and maintaining quality learning experiences as a whole.

All those in healthcare must now comply with the federal regulations of The Administration Simplification Subtitle of the Health Insurance Portability & Accountability Act of 1996 (HIPAA). This Act requires that individually identifiable patient information be disclosed on a need to know basis only. Care must be taken to minimize incidental disclosures and must disclose only minimal amounts of information necessary to accomplish the task. The minimum disclosure standard, however, does not apply to requests for information by a healthcare provider for treatment purposes. For example, when administering a medication, the healthcare provider would have full access to the medical record. This is covered by the patient's consent for treatment.

In order to protect patient/client privacy, all information that could identify the patient/client must be removed from student papers, such as care plans and case studies. Information to be removed includes the individual's name, initials, address, phone number, fax number and Social Security number. Student papers may not be copied for careless circulation and handling. Written documents containing private health information must be either carefully stored or shredded to prevent the circulation of confidential patient information. Confidentiality and privacy also extends to oral communications which extend beyond the need to know for treatment and/or educational purposes.

Clinical agencies are also mandated to follow HIPAA regulations. Students will therefore be required to meet any and all of the clinical agency's requirements as part of the clinical affiliation.

Students are required to sign the Department of Nursing's HIPAA Compliance Agreement form annually (see last page of handbook). This signed form will be kept in the student's file.

### **How to de-identify Individual Health Information**

Health information must be stripped of all of the following elements that identifies the individual, his or her relatives, employers, or other household members

- Names;
- Social Security numbers;
- Telephone numbers;
- All specific geographic location information such as subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with

the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;

- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated in a single category of age 90 or older;
- Fax numbers;
- Electronic mail addresses;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the research data).

## **Procedure:**

### **Student Violations**

All potential HIPAA Privacy Policy violations require consultation with EHS Dean and Vice President for Student Affairs. The Department of Nursing Associate Dean/Director will review the alleged violation with the reporting individual to determine if there is a violation of the Department of Nursing HIPAA Privacy policy. All instances of HIPAA privacy violations will result in notification of the student's academic advisor, and documentation in the student's record. The circumstances surrounding each violation determine the level of sanction.

### **Level One Violations and Sanctions**

Level One violations of the Department of Nursing HIPAA Privacy Policy predominantly include an initial minor violation of the policy. Level One sanctions minimally include notification of the student's advisor with a note in the student's advising file, and appropriate reduction in the grade for the assignment, and remedial action as directed by the instructor. Examples of remediation include but are not limited to: review of the HIPAA Privacy Policy, review of the HIPAA learning module, and/or a written assignment to reflect on the HIPAA Policy violation. Failure to comply with the initial Level One sanctions may result in course failure.

#### **Level One violations may include, but are not limited to:**

- Taking or making copies of patient records and removing them from the facility
- Use of patient identifiers for scholarly papers and presentations
- Leaving yourself logged onto the computer and walking away
- Faxing information to the incorrect number
- Using radiology scans of patients in class for scholarly papers or presentations without it being de-identified or obtaining appropriate consent from the patient
- Unprotected data on phones, computer, flash drives, and other media

- Talking about patients within an inappropriate area: elevators, cafeteria, hallway, etc.
- Inappropriate use of staff identification or access to unauthorized areas of a facility
- Improper disposal of PHI
- Failure to provide a private environment to discuss PHI
- Failure to properly safeguard or store PHI
- Careless handling of username or passwords

### **Level Two Violations and Sanctions**

Level Two violations of the Department of Nursing HIPAA Privacy Policy include all substantive violations of the policy not listed as a Level One violation and are considered very serious. Level Two sanctions may include failure of the assignment and/or course. Remedial action such as review of the HIPAA Privacy Policy, review of the HIPAA learning module, and/or a written assignment to reflect on the HIPAA Policy violation will be required for all Level Two violations. Failure to comply with the initial Level Two sanctions may result in more severe sanctions.

#### **Level Two violations may include, but are not limited to:**

- Allowing another person to access any systems using your password
- Accessing records without need to know (intentional)
- Inappropriate disclosure of confidential information to an unauthorized individual without permission (family, friends, visitors, students and healthcare professionals without need to know, other patients)
- Any disclosures that could invoke harm to a patient
- Connecting unapproved devices to a facility network
- Taking pictures of data or patients
- Texting or sending patient sensitive information via e-mail
- Posting any information about patients or posting pictures of patients on social media sites or blogs or inappropriately responding to a posting
- Misuse of confidential patient information for personal use
- Not properly verifying individuals by phone, in person, or in writing before giving sensitive information
- Leaving detailed PHI on an answering machine without permission
- Forwarding an inappropriate e-mail with patient information

### **Level Three Violations and Sanctions**

Level Three violations of the Department of Nursing HIPAA Privacy Policy are considered to be the most serious and will result in the highest level of sanction which may include course failure, permanent academic dismissal from the program, school and/or College, and/or expulsion from the University.

#### **Level Three violations may include, but are not limited to:**

- Intentional distribution of patient information
- Sale of PHI
- Taking and sharing pictures of data or patients
- Personal relationships or dating patients/family members which leads to sharing of patient personal information
- Deliberately compromising electronic record security measures

## **Repeat Violations**

A repeat violation may result in a more serious sanction. For example, if two Level One violations have occurred, the faculty may recommend a Level Two sanction, such as course failure, which is more than remediation of the HIPAA policy.

## **Violations Procedures**

### ***Student Violations***

1. The faculty member identifies an infraction of the HIPAA Privacy Policy and notifies the Department of Nursing Associate Dean/Director. The Department of Nursing Associate Dean/Director may notify the EHS Dean, Vice President for Student Affairs, and/or the clinical agency representative if appropriate.
2. If the violation is Level One or Level Two:
  - a. The student is notified in writing that a potential violation has occurred.
  - b. The faculty and student follow any specific requirements for investigation, including specified time frames.
  - c. The faculty completes and submits the HIPAA Compliance Incident Report form to the Department of Nursing Associate Dean/Director within a week of the incident.
  - d. The Associate Dean/Director informs the student of the violation and sanction in writing.
  - e. A copy of the incident report, student/faculty correspondence and other documentation relevant to the incident and/or investigation is placed in the student record.
3. If the violation is Level Three:
  - a. The student is notified in writing that a potential violation has occurred.
  - b. The student may be removed from the class and/or practicum placement pending the investigation. The faculty and student follow any specific requirements for investigation, including specified time frames.
  - c. The faculty completes and submits the HIPAA Compliance Incident Report form to the Department of Nursing Associate Dean/Director within a week of the incident.
  - d. The Associate Dean/Director informs the student of the violation and sanction in writing.
  - e. A copy of the incident report, student/faculty correspondence and other documentation relevant to the incident and/or investigation is placed in the student record.