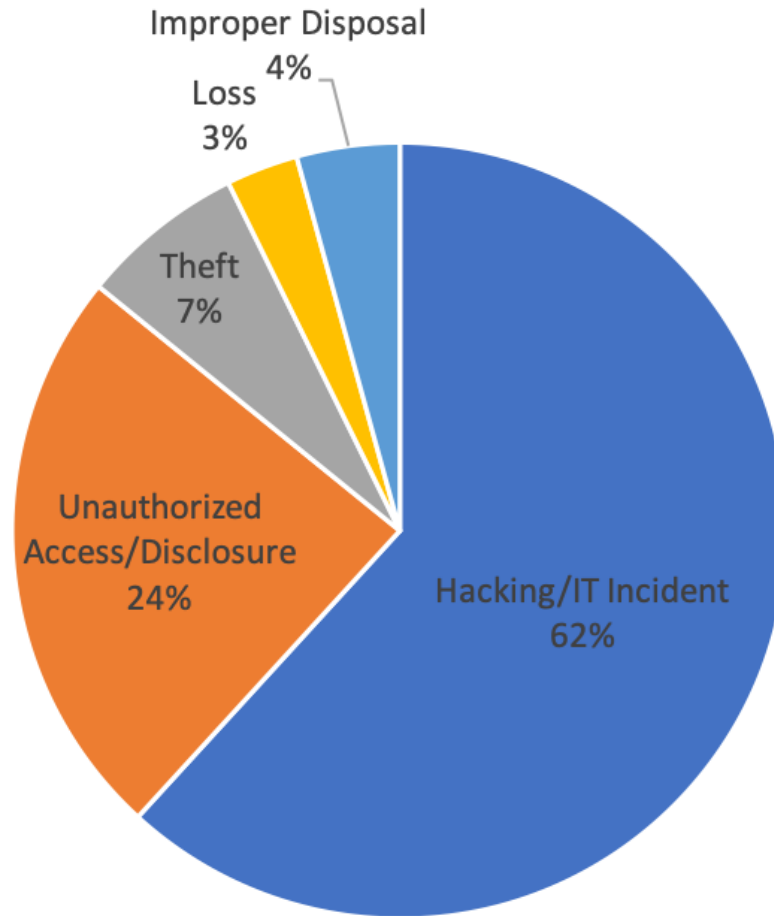


HIPAA TRAINING March 2021

OCR Breach Investigations January - June 2020



CRIMINAL ATTACKS 62%



- **WHAT CAN YOU DO TO PREVENT?**
 1. **Don't download unknown files or programs, they might contain a virus or malware**
 2. **Don't disable your protection software**
 3. **Choose a complex password, don't share it or leave it where it can be found**
 4. **Don't download PHI but if you have to, delete as soon as you don't need it anymore.**
 5. **Lock and secure your office, shred or secure papers with PHI at the end of every day**

CRIMINAL ATTACKS 62%



- **WHAT ARGUS DOES TO PREVENT ATTACKS**
 1. **Implementation of technical security controls, i.e. firewall, antivirus software, security patches, time out to log-in screen, auditing software, etc.**
 2. **IP address restrictions**
 3. **Staff training (*Oh, Hello there*)**
 4. **Policies and Procedures**

24% UNAUTHORIZED ACCESS/DISCLOSURE

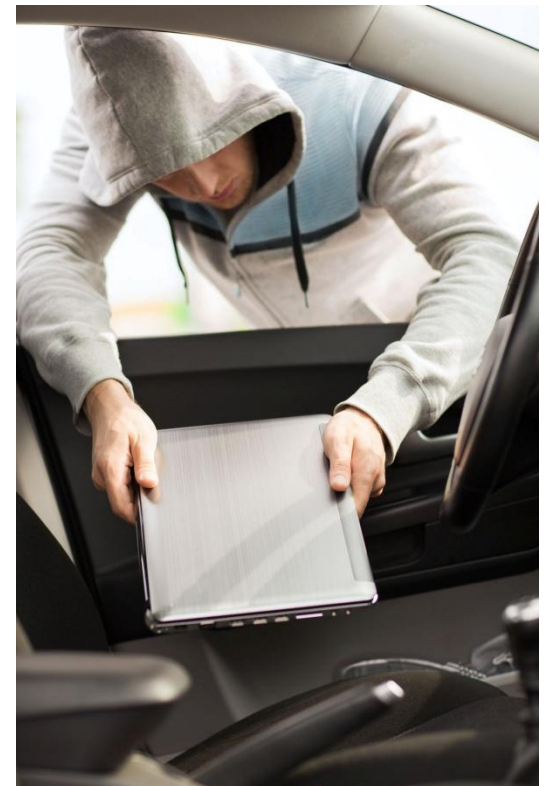


- **acquisition, access, use or disclosure** of protected health information (PHI) which compromises the security or privacy of such information.

3% LOST OR 7% STOLEN DEVICES

- **WHAT YOU CAN DO TO PREVENT DATA LOSS:**

- 1. Don't download data on your laptop, tablet, smart phone. Just access what you need and leave it in the cloud.**
- 2. If you do download, delete as soon as possible.**
- 3. Use a complex password or other technology to lock your device.**
- 4. Don't leave device where accessible**



LOST OR STOLEN DEVICES 10%



- **WHAT ARGUS DOES TO
PROTECT FROM LOSS**

- 1. IP restriction to prevent thief from CT access**
- 2. Change your password after theft**

EMPLOYEE ERRORS



- 1. Failing to provide patient records on a timely basis.**
- 2. Failing to honor the expiration date on records.**
- 3. Releasing information to the wrong people.**
- 4. Releasing too much or the wrong information.**
- 5. Snooping.**
- 6. Improper record disposal 1% (down from 3%)**

EMPLOYEE ERRORS



- **WHAT ARGUS DOES TO PROTECT FROM LOSS**
- **Training, training, training**
- **Policies & Procedures**
- **Risk Manager available to answer questions**



- **What you can do**
- **Know the rules**
- **Follow the rules**
- **If you see something, say something**



Form PF-8000

HIPAA INCIDENT REPORT FORM

- INCIDENT DATE: _____ REPORT DATE: _____
- _____
- PATIENT NAME: _____ PHYSICIAN NAME: _____
- _____
- *IF MULTIPLE PATIENTS, LIST ON SEPARATE PAPER AND ATTACH*
- _____
- _____
- STAFF NAME COMPLETING REPORT: _____
- _____
- STAFF NAME(S) INVOLVED IN ERROR: _____

5 Things You Do Everyday That Are NOT HIPAA Compliant



DETAILS

- **NATURE OF INCIDENT:** Rx/SureScripts Error
- Lab/Diagnostic Report Medical Record
- Correspondence Other, please explain any of these incidents in detail below.



EFFECT

- **CONSEQUENCE OF THE ERROR:** (i.e. patient received wrong Rx, wrong Lab Report, etc.)

**KNOW THE
RULES!**



PREVENT REOCCURRENCE

- **CORRECTIVE ACTION PLAN: *(Work with HIPAA Privacy Officer to develop plan to prevent recurrence)***





Corrective Action Timeframe

- **CORRECTIVE ACTION TIMEFRAME:** []
Immediately [] One Week [] Two Weeks [] One
Month
-
- **DATE FOR COMPLETION:** _____
DATE COMPLETED:

-
- **COPY THIS REPORT TO: PHYSICIAN,**
REGIONAL MANAGER, PRIVACY
OFFICER/RISK MANAGER

It Can Happen to YOU!



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Voice - (800) 368-1019
TDD - (202) 619-3257
Fax - (202) 619-3818
<http://www.hhs.gov/ocr>

Office for Civil Rights
200 Independence Avenue, S.W.,
Room 509F
Washington, DC 20201

September 23, 2014

Re: OCR Transaction Number: 14-187905

Dear Dr. [REDACTED]

On June 11, 2014, the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), received a complaint alleging that your office, the covered entity, has violated the Federal Standards for Privacy of Individually Identifiable Health Information and/or the Security Standards for the Protection of Electronic Protected Health Information (45 C.F.R. Parts 160 and 164, Subparts A, C, and E, the Privacy and Security Rules). Specifically, the complaint alleges that your office fails to safeguard patients' protected health information by leaving charts out in plain view for other patients to see. This allegation could reflect a violation of 45 C.F.R. § 164.530(c).

DOCTOR, MEDICAL ASSISTANT, BILLER, ETC.



- **Jail time**
- **Fines,**
- **OLG sanction list**