

HIPAA TRAINING CERTIFICATION

I, _____, certify that I have received _____ training
(Print Name) (hours/minutes)
on the confidentiality of patient health information, specifically the privacy regulations adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), at
_____ on ____ / ____ / ____.
(name and location of facility) (day/month/year)

Proof of comparable HIPAA training at another facility must accompany this certification form.

I understand that I must maintain the confidentiality of individual healthcare information and agree to comply with UW School of Dentistry policies and procedures located at <http://www.dental.washington.edu/compliance/hipaa.php>.

Additionally I understand **and have reviewed and received a copy of** the following summary of selected UW School of Dentistry Privacy Policies and Procedures:

PP-01. The University of Washington (UW) is a hybrid entity with both health care components and non-health care components. PHI may not be shared with the non-health care components of the UW without patient authorization unless it is for the component to support the treatment, payment or health care operations of UW SoD. Throughout this summary, references to UW SoD will include UW SoD's workforce.

PP-02. Prior to April 14, 2003, and until the individual's first contact with UW SoD for services, UW SoD may continue to rely on the individual's "Registration Consent /Financial Agreement," authorization, or other express legal permission to use and disclose PHI for treatment, payment, or health care operations. The UW SoD will obtain the individual's acknowledgement of receipt of the UW SoD Notice of Privacy Practices or make a good faith effort to obtain an acknowledgment for all services provided after April 14, 2003.

PP-03. Outlines UW SoD's policy for the administrative requirements related to the UW SoD's Privacy Program. The Administrative Requirements include twelve sections: Training, Sanctions for the Failure to Follow Applicable Privacy Policy or for a Breach of Patient Confidentiality or Security, Safeguards, Disclosures by Whistleblowers, Workforce Member Crime Victims, Mitigation, Retaliatory Acts, Waiver of Rights, Complaints, Personnel Designations, Revisions to Privacy Policies and Procedures, and Documentation of Privacy Policies and Procedures.

PP-04. The law requires UW SoD to train its workforce, including physicians, on the organization's policies and procedures. UW SoD maintains documentation of the training provided to each individual for six years.

PP-05. Patients and their families have the right to file complaints about how UW SoD and individual health care providers use or disclose their PHI. They may complain to the UW SoD Compliance Director, the individual SoD department, or the U.S. Department of Health and Human Services • Office for Civil Rights (OCR). If any person complains to a member of the UW SoD Workforce about a use or disclosure of PHI, the workforce member must contact the Compliance Director immediately. **UW SoD will not retaliate, or tolerate retaliation, against any one who files a complaint.**

PP-06. The UW SoD sanction policy requires that appropriate sanctions be applied to workforce members who fail to comply with policies and procedures. Sanctions will be based upon UW SoD policies and the relative severity of the violation.

PP-08. UW SoD may share PHI for treatment, payment or health care operations among the UW components that support UW SoD. UW SoD may share PHI with any non-UW SoD health care provider for treatment purposes. UW SoD may share the minimum necessary PHI with non-UW SoD entities for payment purposes. Questions regarding the sharing of PHI for the health care operations of a non-UW SoD entity should be directed to the Compliance Director. Any other disclosure of PHI requires a valid authorization, unless the disclosure is allowed by PP16.

PP-09. Health care providers may communicate face-to-face with their patients about health related products or services that UW SoD provides. Providers may also communicate with their patients about alternative treatments, coordination of care, or specialty care. UW SoD must obtain the patient's authorization for any use or disclosure of PHI for non face-to-face marketing unless it is a promotional gift of nominal value.

PP-10. UW SoD may use or disclose patient demographic information and the dates when patients received health care services to raise funds for its own benefit. UW SoD must obtain an authorization for the use or disclosure of any other PHI for fundraising purposes. Individuals have the right to opt out of fundraising communications.

PP-11. UW SoD has identified staff within UW SoD who will respond to requests for disclosure of PHI. UW SoD will verify the identity of all requestors and the requestors' legal authority for obtaining PHI. UW SoD will document the requestors' authority to receive the PHI prior to release of PHI.

PP-12. UW SoD may disclose PHI to an entity ("business associate") that is performing an activity on its behalf when UW SoD obtains satisfactory assurances that the business associate will safeguard the information. Satisfactory assurances are documented in writing through a business associate agreement. Relationships between health care providers involving the treatment of a patient do not require satisfactory assurances and are therefore not business associate relationships. Please contact the Compliance Director if you have questions about whether a business associate relationship exists in a specific situation.

PP-14. With exceptions, the personal representative or legally authorized surrogate decision-maker for the patient may sign the acknowledgement for receipt of the UW SoD *Notice of Privacy Practices (Notice)* and make decisions concerning UW SoD's use and disclosure of the individual or emancipated minor's PHI. In addition, unemancipated minors may sometimes acknowledge receipt of the UW SoD *Notice* and make decisions concerning UW SoD's use and disclosure of their PHI.

PP-15. UW SoD may use or disclose PHI to relatives or other persons involved in the treatment or care of the patient, provided the patient does not object. When a patient is unable to express his or her wishes, the provider should exercise professional judgment on whether to release any PHI. If PHI is disclosed under these circumstances, UW SoD will let the patient know of the disclosure as soon as possible.

PP-16. UW SoD may use or disclose PHI without an individual's authorization for public health activities, health oversight activities, and specialized government functions. UW SoD may also use or disclose PHI without an individual's authorization to avert a serious threat to the health or safety of any person, to law enforcement when required to do so by law, or pursuant to legal process. Please contact the Compliance Director for fact-specific questions.

PP-17. Psychotherapy notes maintained by behavioral health providers are a subset of PHI subject to heightened confidentiality protections. Psychotherapy notes may **only** be used or disclosed absent the patient's authorization to conduct UW SoD training programs, for treatment by the behavioral health professional, to defend against legal action, to protect the health or safety of any person, or when required by law.

PP-18. Research involving human subjects (either directly or indirectly through PHI) requires review by an approved Institutional Review Board (IRB). Researchers may use or disclose PHI for research when authorized by the human subject or pursuant to an IRB-approved waiver or alteration. For more information on conducting research, please review the UW Human Subjects Division web page at <http://www.washington.edu/research/hsd/index.php>.

PP-19. Federal law allows UW SoD to use or disclose a "limited data set" for research, public health, or health care operations. A "limited data set" is PHI that excludes 16 specific identifiers of the individual or of relatives, employers or household members. UW SoD must obtain satisfactory assurances ("data use agreements") from the entity requesting a limited data set prior to allowing the use or disclosure. PHI may be de-identified through removal of 18 specific identifiers. Once de-identified, the data is no longer subject to state or federal privacy laws and regulations.

PP-20. When using or disclosing PHI for payment and health care operations or when the patient has not authorized the use or disclosure, providers may only disclose the minimum necessary PHI required to accomplish the intended purpose. This standard does not apply to disclosures required by law.

PP-21. UW SoD provides all patients (except prisoner patients) a copy of its Notice of Privacy Practices (NPP), which outlines how an individual's PHI will be used or disclosed. UW SoD is required to make a good faith effort to obtain written acknowledgement of receipt of the NPP from each patient treated after April 14, 2003.

PP-22. Individuals treated at UW SoD facilities have a right to request additional restrictions on the use or disclosure of their PHI. UW SoD is not required to agree to any restriction. If UW SoD does agree then it must follow the agreed-upon restrictions. All agreed-upon restrictions must be documented in the individual's designated record set. The designated record set contains an individual's dental/medical and billing records, and other information used to make decisions about the individual.

PP-23. An individual has the right to access, inspect or request a copy of PHI contained in the UW SoD designated record set, unless an exemption applies (e.g., psychotherapy notes, information compiled for risk management purposes, etc.). Requests to access, inspect or photocopy PHI should be referred to Central Registration/Patient Admissions.

PP-24. An individual may ask a health care provider to correct or amend his or her health care record. Requests must be in writing and state a reason for the requested change. UW SoD has ten days from receipt of the request to respond in writing. If a provider receives a request for amendment, he or she must immediately contact Central Registration/Patient Admissions.

PP-25. An individual has the right to request UW SoD to provide an accounting of all disclosures from an individual's designated record set, excluding those uses or disclosures for which an accounting is not required (e.g., treatment, payment, or health care operations; uses or disclosures made with the individual's authorization; or uses or disclosures incidental to an authorized use or disclosure). If you receive a request for an accounting, please contact Central Registration/Patient Admissions or the Compliance Director.

PP-26. Defines the UW SoD Dental/Medical Record Designated Record Set and the Billing Designated Record Set.

If I have any questions or would like to know more about these policies and procedures, I can contact the Compliance Director or view the materials at <http://www.dental.washington.edu/compliance/hipaa.php>

Dated _____

Signature

Print Name

Department

Give original to HIPAA Training Coordinator in the Office of Clinical Services for retention.