EMORY
HEALTHCARE

CONFIDENTIALITY STATEMENT– (Revised 8/2017)

It is the policy of Emory University Hospital, Emory University Hospital Midtown, Emory Healthcare, Inc., The Emory Clinic, Inc., Wesley Woods Center of Emory University, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital, Emory Specialty Associates, Emory Rehabilitation Hospital in Partnership with Select Medical, and Emory Rehabilitation Outpatient Center in Partnership with Select Physical Therapy and any other affiliates or joint venture/operating companies, collectively referred to as Emory, that any patient, financial, employee, payroll and related information is strictly confidential and/or proprietary information.

I understand that, in the course of my work, I may learn information which is confidential under federal and state law or which is considered confidential and/or proprietary by Emory, including but not limited to patient medical information, other information considered personal by patients and their families, financial information, and employee and payroll information. I agree to keep confidential all such information, whether verbal, written or computerized, which I learn in the course of my work at Emory. I will not discuss patient or family information with anyone not immediately concerned with or involved with a particular patient's care or treatment. I will not discuss patient information or organizational information with anyone who does not have a business need to know. In addition, I will not discuss patient or organizational information in public areas (such as elevators, cafeterias, etc.).

I will not access or attempt to access any information unless the information is relevant to my job and I am clearly authorized to access it. I understand that the logon ID, computer password, time and attendance identification number and other credentials (hereinafter 'credentials') assigned to me by Emory are to be used solely by me in connection with my authorized access to information. I understand that use of my credentials by anyone other than me is strictly prohibited. I will not share my credentials with anyone and I will take all necessary steps to protect the confidentiality of my credentials.

I understand that the Emory Healthcare (xxx.xxx@emoryhealthcare.org) and Emory University (xxxx@emory.edu) electronic mail, including e-mail with the Emory electronic medical record is Emory property and subject to organizational review and should be used only for business purposes. I also understand and certify that the use of my electronic or digital signature to authenticate documents is the equivalent of my handwritten signature on the documents.

I understand it is my responsibility to read and to abide by any and all policies and procedures regarding the use and distribution of information owned by Emory currently in effect or which may be implemented or revised from time to time. I understand that information access will be monitored and any violation of Emory's policies and procedures will be reported to the appropriate individual(s) and may result in disciplinary action against me including termination of employment or other affiliation(s) with Emory, as well as prosecution to the fullest extent of the law.

I understand that upon my separation, termination or non-affiliation with Emory, I must delete any and all confidential and/or proprietary information stored on my personal media devices or in my other e-mail accounts.

I HAVE READ THE ABOVE CONFIDENTIALITY STATEMENT AND I AGREE TO COMPLY FULLY WITH ITS TERMS

_____ _____/_____/_____

Signature Date

EMORY
HEALTHCARE

Acknowledgement of Privacy and Security Awareness Training

For Emory Healthcare Temporary Employees, Contractors, Vendors, Students, and Emory University employees

I am, or in the future may become, a user of one or more Emory Healthcare information technology devices or systems that may include electronic Protected Health Information (ePHI) and Protected Health Information (PHI) in any other medium and I hereby certify that:

1. I have reviewed the Emory Healthcare "Privacy and Security Awareness Training" handout.

2. I recognize the importance of maintaining the confidentiality and integrity of the ePHI and PHI that I work with for my job duties.

3. I agree to abide by the Emory Healthcare policies and procedures as explained in the Emory Healthcare "Privacy and Security Awareness Training" handouts.

4. I understand that, by not following Emory Healthcare policies and procedures, I could be subject to disciplinary actions or civil or criminal penalties.

5. I have had an opportunity to ask questions regarding the "Privacy and Security Awareness Training". I can call 404-778-2757 if I have questions regarding the training.

FAX this completed form along with the signed Confidentiality Statement to EHc IS Access Management – 404-727-0759 or email scanned forms to issecurity_ehc@emoryhealthcare.org.
You may contact your access coordinator with questions regarding logonID access.

_____ _____
SIGNATUREand AFFILIATION **DATE**

_____
PRINT NAME

_____
DEPARTMENT/SECTION

EMORY HEALTHCARE

Privacy and Security Awareness Training – (Revised 05/2017)
For all Emory Healthcare Workforce Members, Temporary Employees, Contractors, Vendors, Students, and Emory University employees

The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules regulate the use, disclosure, privacy, confidentiality and security of Protected Health Information (PHI) in written, verbal and the transmission, storage and disposal of PHI in electronic form.

In this document you will learn:

- To identify PHI and patient information to be protected
- To better understand how to protect PHI and the risks when using and storing PHI & ePHI.
- To better understand how to reduce those risks

What are we going to cover?

- Patient Health Information (PHI) and Electronic Patient Health Information (ePHI)
- Privacy & Security Reminders
- Protection from Malicious Software
- Log-In Monitoring
- Password Management
- Sanctions

Standards for Privacy of Individually Identifiable Health Information (IIHI)

- To protect and enhance the rights of consumers by providing them access to their health information and controlling the inappropriate use of that information.

- To improve the quality of health care in the United States by restoring the trust in the health care systems among consumers, health care professionals, and the multitude of organizations and individuals committed to the delivery of care.

- To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems and individual organizations and individuals.

Definition of Privacy

- The right of an individual to be left alone, including freedom from intrusion into one's private affairs and the right to maintain control over certain personal information.

Definition of Confidentiality

- The responsibility for limiting disclosure of private matters including the responsibility to use, disclose, or release such information with the knowledge and consent of the individual.

Definition of Security

- The means to control access and protect information from accidental or intentional disclosure to unauthorized personnel and from alteration, destruction or loss.

Definition of PHI

- Protected Health Information (PHI)
  - Is any health information that may identify the patient and that relates to:
    - Past, present or future physical or mental health condition; or
    - Healthcare services provided; or
    - Payment for healthcare
    - Includes all communication media – written, electronic and verbal.
    - Extends to <u>all</u> individually identifiable health information in the hands of Emory Healthcare.

  - Identifiers of Protected PHI

    - Name
    - Address
    - Zip
    - Names of relatives
    - Name of employer
    - DOB
    - Telephone number
    - Fax number
    - E-mail address
    - Finger or voice prints
    - Photographic images
    - SSN
    - Medical record number
    - Health plan beneficiary number
    - Account number
    - Certificate/license number
    - Vehicle or other device serial number
    - IP address any other unique identifier, character, code

    (Any other identifying information that could reasonably identify the patient)

  - Examples
    - Financial records
    - Test results
    - Data stored on Intranet/Internet
    - Data used for research purposes
    - A patient's identification bracelet
    - Medical record number and diagnosis

De-Identification of PHI and Limited Data Sets

Definition of De-Identification

- Health Information that does not identify an individual and that there is no reasonable basis to believe that the information can identify an individual is not individually identifiable health information.
  - Health information is considered de-identified if:
    - It has been determined by the appropriate person that the risk is very small that the information could be used to identify an individual.
    - It meets the safe harbor method which is the removal of all of the individual identifiers from the health information.
    - EHC may de-identify information and use codes or other similar means of marking records so they may be later re-identified.

What is Electronic Patient Health Information (ePHI)?

- The definition of ePHI includes any PHI created, received, stored on hard drives, networks laptops, memory sticks and PDAs; contained in e-mail; or transmitted electronically.

- Examples of ePHI include, but are not limited to:
  - Laboratory results that are emailed to a patient,
  - Demographic information about a patient contained in EHc information systems such as Power Chart and Millennium
  - A note regarding a patient stored on your Palm Pilot
  - Billing Information that is saved to a CD or disk, and
  - A digital photograph of a patient stored on your hard drive.

Security

Isn't this just an Information Technology Problem? **NO ! ! ! !**

- Good security Standards follow the "90/10" Rule:
  - 10% of security safeguards are technical
  - 90% of security safeguards rely on the computer user ("YOU") to adhere to good computing practices
    - Example: The lock on the door is the 10%. You remembering to lock the door, check to see if it is closed, ensuring others do not prop the door open, and keeping control of your keys is the 90%.

Risks

- What do I need to do to protect ePHI, PHI or other confidential information?
  - at my EHc workstation
  - on a mobile device

- First: Understand the Risks:
  - Identify the risks at your workstation or in your area of work, for example
    - Shared passwords
    - Failure to log off after each use
    - Use of unlicensed software
    - Viruses
    - Unlocked offices and file cabinets
    - Medical Records laying on a nursing station
    - WOW Carts not disconnected
  - Reduce risks at your workstations and in your work area
  - Get help with Questions or Concerns
  - Report suspected Security and Privacy incidents/breaches

Security Reminders

** Be ALERT to Reminders and follow directions accordingly **

- What are Security Reminders?
  - Ensure that periodic security updates are issued to the workforce concerning EHC policies and procedures
  - Warnings are issued to the workforce of potential, discovered or reported threats, breaches, vulnerabilities or other HIPAA security incidents
  - EHc Information Services Security Policies
  - Security Messages on Logon banners
  - Security Best Practices (i.e., how to choose a good password, how to report a security incident)
  - They can be sent via email "IS Announcements"

Protection from Malicious Software:

- Emory Healthcare has developed and implemented procedures for guarding against, detecting and reporting new and potential threats from malicious code such as viruses, worms, denial of service attacks, or any other computer program or code designed to interfere with the normal operation of a system or its contents and procedures.
  - ❑ **NEVER** open an email attachment, unless you know who sent it and why.
    - If in doubt, call the sender of the email to confirm that the attachment is safe and valid
  - ❑ **ALWAYS** run an updated Antivirus tool, Do NOT cancel the scheduled scan
  - ❑ **NEVER** load software that you or your Department is not licensed to use on an EHc workstation.
  - ❑ **ALWAYS** close "pop-ups" when they solicit a response to advertisements or other messages
    - Click the "x" box to close the pop-up ads
    - Clicking "No" is the same as clicking "Yes" and allows the virus or hacker access to your workstation

Email

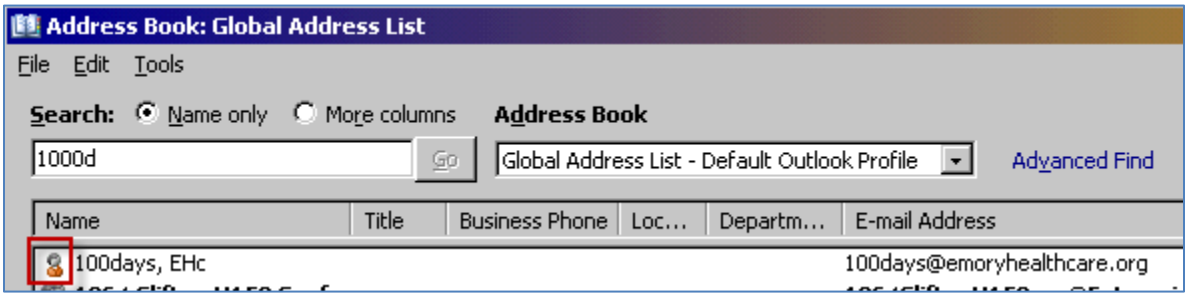
* Be AWARE Email is Never 100% secure. **

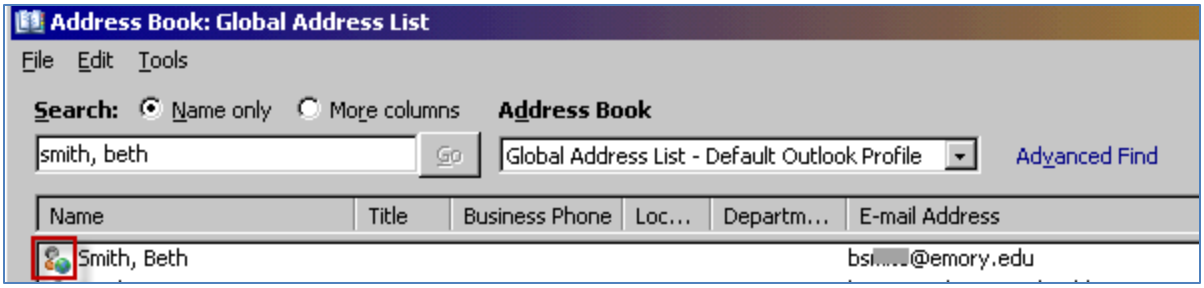
- ❑ Do NOT forward humor stories, chain letters, political or religious views, e-cards, etc.
- ❑ NEVER send, reply or forward Emory ePHI to a non-Emory mail account (IE; Yahoo, Hotmail, AOL, or gmail etc.)
- ❑ Be vigilant when e-mailing patients.
- ❑ Don't forget an e-mail address is a patient identifier.

** When using the Emory/Emory Healthcare MS Exchange email system, **please ensure you are sending emails securely to an approved user, by following these steps**:

1. All emails sent to an Emory healthcare (@emoryhealthcare.org) email address are SECURE!
2. For an Emory University (@emory.edu) email address, you must do the following to ensure it is Secured:

   a. Locate user in Global Address list (GAL) or address book





b. Verify the icon to the left of the user:

1. If it is a little red person:  Then the email is secured and it is OK to email this person.
2. If it is little red person with a globe in front:  **DO NOT send the user any emails containing ePHI or sensitive emails**.

Logon and Access Monitoring

- Emory Healthcare monitors your logon attempts to the EHc electronic Information Systems
- You must ONLY access EHc Information Systems through YOUR userid and password.
- If you do NOT share a computer, and you notice another user signed onto your workstation while you were away; either confirm the user had their own logon id or report it to the Call Center immediately.

Incident Handling

- Report erratic workstation behavior or unusual Email messages to your department Manager, Dept. IS resource or EHc Call Center.
- Report any suspected issues or incidents to a manager or the EHc Call Center
- Report lost or stolen devices to EHC IS department and the Emory Police Department and when appropriate to the Local Police.

Passwords

- Protect your userid and password. YOU are responsible for actions taken with you userid and password
  - Do NOT post, write or share passwords with anyone.
  - The HIPAA Security Rule requires EHc to be able to audit an individuals actions using ePHI.
  - Protect you userid and password from fraudulent use or unethical behavior.

- Use STRONG passwords that are hard to guess, easy to remember and change them often.
  - Do NOT use a word from a dictionary - English or otherwise.
  - Create a password between 9-30 characters (letters, numbers, and special characters)
  - Or use a pass phrase and add 2 numbers or a symbol to help you remember your password:
    - **EGbDF42dY** (every good boy does fine for today) or
    - **ILV2GLF4fn** (I Love to Golf for fun)

- Use password protected Screen savers on EHC workstations, laptops, and PDAs
- Always Logoff/Disconnect from shared workstations.
  - If you do not logoff, someone else could use your userid to illegally access ePHI.

Patients Rights

- Right to receive a notice describing the covered entity's privacy practices.

- Inform patients how to file complaints, either with the covered entity or DHHS.
- Identify a contact person who can provide additional information.
- Right to access, inspect, and copy protected health information that is used, in whole or in part, to make decisions about them.
- Right to request amendment of protected health information.
- Right to receive an accounting of disclosures made by a covered entity for purposes other than treatment, payment, and health care operations made within six years prior to the request.
- The accounting must be provided within 60 days after receipt of the request.
- Right to request restrictions on the use and disclosure of their protected health information.
- Patients may ask health care providers and plans to communicate health information to them by "alternative means" or at "alternative locations".

Sanctions

- A violation of the Security Rule could also be a violation of the Privacy Rule and State Laws
- Civil Monetary Penalties range from:
  - Where the person did not know, and by exercising reasonable diligence would not have known:
    - $100 for each violation
    - Not to exceed $25,000 in a calendar year
  - Where the violation was due to reasonable cause and not to willful neglect:
    - $1,000 for each violation
    - Not to exceed $100,000 in a calendar year
  - Where the violation was due to willful neglect and was corrected:
    - $10,000 for each violation
    - Not to exceed $250,000 in a calendar year
  - Where the violation was due to willful neglect and was not corrected:
    - $50,000 for each violation
    - Not to exceed $1,500,000 in a calendar year
- Criminal Penalties
  - Range from $50,000 - $250,000 and imprisonment for a term of 1 – 10 years
- EHc corrective and disciplinary actions, up to and including termination

Revised 5/2017