

As of FEBRUARY 2024

The Shadow Observation policy was updated in August 2022. Observer form updated February 2024, immunization form updated October 2023

NOTE: Due to variability in conditions related to the pandemic, hospital capacity, etc., not all observation/shadow requests can be accommodated.

Observer/Shadow Application Checklist

Contact Person for Completion of This Application: _____

E-mail Address:

Phone Number:

Please ensure all required information is provided, including immunization requirements. Incomplete applications will not be processed.

1. Please allow at least one week of prior notice for processing.

Checklist 2. Complete all sections on page 1 of observation form.

- *Be specific about reason for observation.*
3. Both the observer and sponsor must sign page 3 of the observation form.
 4. Pay close attention to immunization requirements.
 - Fill out the appropriate immunization verification form. (Note there are different forms for providers vs. non-providers)
 - Requirements differ based on whether the observer will have patient contact (i.e. be present in the room when patient will receive treatment) or will simply be in patient care areas.
 5. Sign the "HIPAA Self Study Attendance Sheet" attesting to completion of HIPAA Self Study Packet within application.

Approval process:

Forms no longer need to be sent to Human Resources or the Medical Staff Office.

1. The sponsor should submit the forms directly to the appropriate senior leader for approval.
 - a. Shadowing a physician/advanced practice provider in the hospital – Vice President of Medical Affairs/Director of Medical Affairs
 - b. Shadowing a physician/APP in the clinic – Regional Medical Director
 - c. Shadowing a staff member (non-physician/APP) – senior leader in the area or department on site
 - d. All shadow requests for OR/procedural areas require VPMA/DOMA approval
2. All 3 documents (observation form, immunization form, and signed HIPAA attestation) must be submitted.
3. Sponsor is required to retain all documentation for one year.

Refer to the policy for additional details.

Shadow Observation and Tour Form

Allina Health Hospital / Clinic / Department:

Sponsor:

Observer Name:

Observer Date of Birth		Observer Phone #	
Department Observed		Sponsor Phone #	
Reason for Observation (e.g., tour, visiting health professional, student experience – provide specific details)		Observation Period (List estimated start and end dates)	

Allina Health supports observers who desire to gain medical knowledge or to further health care related learning, development, or skills, which may include the observation of patient care procedures and activities and/or activities that include access to Confidential Information at Allina Health. In exchange for this observation experience, the Observer agrees to the following terms during the observation period:

- 1) For clinical shadow observations or tours that occur in patient care areas or in the presence of patients, the following apply:
 - a. Sponsor is a physician or advanced practice provider who is authorized to provide care or services at the Business Unit where the observation will occur.
 - b. Sponsor will provide Observer with opportunities to observe patient care and/or clinical teaching duties and will oversee the activities of the Observer to help ensure compliance with the terms of this observation agreement.
 - c. Observer and Sponsor will clearly identify the Observer to all patients encountered and observation of patient care activities will only occur after the patient has given verbal permission for the Observer to be present.
 - d. Sponsor must accompany Observer during patient care activities; Observers are not allowed independent access to patients.
 - e. Observer will not provide medical care or actively participate in providing medical care to patients during the observation period.
Observers must be completely well on the day(s) the shadowing has been scheduled.

- 2) Confidential Information. "Confidential Information" means all non-public information that Observer learns or obtains in the course of the observation that relates to the business or operations of Allina Health including, but not limited to, information generally understood to be confidential commercial and financial information, trade secret information, employee information, and patient information.
 - a. Observer will maintain the confidentiality of, and will not discuss, use, disclose or reproduce, Confidential Information except as necessary to carry out the observation. Observer will not remove Confidential Information from Allina Health premises and will not disclose Confidential Information to anyone who is not

involved in the observation without the express written permission of Allina Health.

- b. Observer will not disclose or discuss patient identifiable information with anyone except with the healthcare providers and Allina Health staff, as needed to facilitate and support the observation experience. Observer will also follow the requirements of HIPAA and the Minnesota Health Records Act and acknowledges the obligation to protect patient confidentiality forever, even after the observation period has ended.
- 3) Observer agrees to comply with all applicable policies and procedures of Allina Health.
- 4) Observer will not be considered an employee/staff member of Allina Health or of any independent physician group providing services at the Business Unit.
- 5) Prior to the start of the observation period, Observer will provide documentation of immunity from infectious diseases, using the Allina Health Immunization Requirements for Observers Form.
- 6) If the Observer is not a citizen or permanent resident of the United States, Observer warrants that they have appropriate visa status which authorizes the Observer to be present in the United States and allows the Observer to participate in this observation experience. Documentation shall be provided to Allina Health upon request.
- 7) Allina Health may terminate the observation experience at any time and in its sole discretion by providing notice to the Observer. Observer acknowledges that no appeal or grievance rights exist to challenge the termination of an observation experience.
- 8) Observer releases Allina Health, all independent physician groups providing services at the Business Unit and their respective employees, directors, agents, and other representatives from any responsibility or liability for personal injury or other damages (including death and damage to or loss of property) that Observer may incur due to the negligence of Allina Health and any independent physician group providing services at the Hospital and their respective employees, directors, agents, and other representatives, or due to accidental occurrences arising from activities relating to this observation experience.

Observer and Sponsor confirm understanding of the obligations described above and will abide by the terms of this agreement. (Signatures may be captured electronically or via e-mail)

Observer

Signature: _____

Date: _____

Sponsor

Signature: _____

Date: _____

Approved by:

Signature: _____

Title: _____

Date: _____

- Approver examples:
 - Shadowing a physician/advanced practice provider in the hospital – VPMA/DOMA
 - Shadowing a physician/advanced practice provider in the clinic –RMD
 - Pharmacy – Pharmacy Director
 - Shadow requests for operating room/procedural areas require VPMA/DOMA approval.

Completed forms must be retained by the Sponsor for one year.

RELATED DOCUMENTS:

Name of Document	Content ID	Business Unit where Originated
Shadow Observation and Tours	SYS-ADMIN-COMPLIANCE-001	Clinical Leadership Team

IMMUNIZATION FORM for OBSERVERS

A primary care provider must verify immunization documentation listed below for any observation experience. (Exception: observers that are licensed physicians or advanced practice providers may attest to their immunity status.)

The following health immunizations are required of all Observers who are visiting patient care areas.

- **MMR (measles, mumps and rubella)**
- **Varicella (chickenpox)**
- **Seasonal Influenza Vaccine**
- **Pertussis (t-dap) Vaccination**

The following health immunizations are required of all Observers who will have patient contact.

- **A negative TST test (Tuberculosis Skin Test or Mantoux) or negative TB blood test (QuantiFERON/QFT):** Observers must have a negative QFT/TST test dated within 12 months before the observation experience. A new QFT/TST will need to be done prior to start date if any of the following occurred after the initial QFT/TST: exposure to an individual with infectious TB or lived/traveled for >1month to a country with high TB rates). Observers with a positive TST/QFT test must have a negative chest x-ray test within the 12 months prior to the observation visit.
- **Hepatitis B Vaccination Series:** A 3 shot Hepatitis B vaccination series is required for Observers who may have contact with blood or bodily fluids.

It is recommended (but not required) that Observers be up to date with COVID-19 vaccination.

Observers in need of vaccinations must obtain them from their private physician. Allina Health does not provide vaccinations or testing to Observers.

Observers must be free from the following conditions on the day(s) the experience has been scheduled. The observer will be sent home immediately if any of the following conditions exist:

- Cold/Coughing/Sore Throat/Strep throat/Fever
- Rash or any abnormal itching body and/or scalp, skin sores
- Pink eye
- Herpes Simplex/cold sores



IMMUNIZATION VERIFICATION FORM for OBSERVERS

For non-providers/advanced practice practitioners

Observer Name (Please print): _____

Observer Date of Birth: _____

Observer Signature: _____

Immunization	Dates Received
<i>The following health immunizations are mandatory of all Observers who are visiting patient care areas.</i>	
MMR	Dose #1 Date
	Dose #2 Date
	<input type="checkbox"/> Serology demonstrating immunity
	Measles Date:
	Mumps Date:
	Rubella Date:
Varicella (chickenpox)	Dose #1 Date
	Dose #2 Date
	<input type="checkbox"/> Serology demonstrating immunity Date:
	<input type="checkbox"/> Laboratory confirmation of disease Date:
Seasonal Influenza (Required Oct-March)	Date
Pertussis (t-dap)	Date
<i>In addition to the above, the following health immunizations are required of all Observers who may have contact with patients during the observation.</i>	
Tuberculosis Skin Test (Mantoux) or QFT	Result #1 Date
	Result #2 Date (if exposure or high risk travel occurred)
Hepatitis B	Dose #1 Date
	Dose #2 Date
	Dose #3 Date

Primary Care Provider Name (Please Print): _____

Primary Care Provider Signature: _____

Primary Care Clinic/Academic Health Center: _____ Date: _____



IMMUNIZATION VERIFICATION FORM for OBSERVERS

For use by providers/advanced practice practitioners

Physician/Advanced Practice Provider Observer Name (Please print): _____

Date of Birth: _____

Immunization	Requirements	Immunity Requirements Met
MMR	Documentation of two doses of MMR vaccine on or after first birthday; laboratory evidence of immunity; or laboratory confirmation of disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Varicella (chickenpox)	Documentation of two doses of varicella vaccine on or after first birthday; laboratory evidence of immunity; or laboratory confirmation of disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pertussis (t-dap)	One Tdap immunization as an adult >18	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seasonal Influenza	Receipt of influenza vaccine between October 1 and March 31	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis Skin Test (TST, Mantoux)/ QuantiFERON test (QFT)	Result #1 Date Result #2 Date (if exposure/high risk travel) -OR- Date of positive TST/QFT: Date of negative chest X-ray:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	Documented completion of vaccination series; positive immunity serology	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature below confirms the observer does not have the listed infectious conditions and that the immunization information above is accurate.

Physician/Advanced Practice Provider Observer Signature: _____

Indicated Licensure/Credentials (if applicable): _____

Date: _____



System-wide Policy: **Shadow Observation and Tours**

Reference #: SYS-ADMIN-COMPLIANCE-001

Origination Date: August 2011

Next Review Date: August 2025

Effective Date: August 2022

Approval Date: August 2022

Approved By: Clinical Leadership Team

System-Wide Policy Ownership Group: Clinical Leadership Team

System Policy Information Resource: Corporate Compliance

Stakeholder Groups
Medical Staff Administration
Corporate Compliance
Risk Management Council

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to
Abbott Northwestern Hospital, Buffalo Hospital, Cambridge Medical Center, Faribault Medical Center, Mercy Hospital, New Ulm Medical Center, Owatonna Hospital, River Falls Area Hospital, St. Francis Regional Medical Center, United Hospital, Allina Health Group, All other business units	All	All

POLICY STATEMENT:

Allina Health carefully considers and requires approval for all Shadow Observation or Tour experiences in patient care areas or where participants may access Protected Health Information (PHI).

This policy applies only to shadowing, observations, or tours that involve access to patient care areas, areas where participants may access PHI, observation of patients, or patient care. Two different types of Shadow Observations or Tours are covered by this policy.



1. A limited type of Clinical Shadow Observation or Tour experiences that support Allina Health's health care operations, including for the purpose of career development; and
2. Non-Clinical Shadow Observation or Tour experiences, including site visits that support Allina Health's health care operations or joint operations of another provider or health plan.
3. In both situations, the participant must be 18 or older. Exceptions may be granted for formally affiliated partner high schools or future student programs initiated by Allina Health.

The different categories of Shadow Observation or Tour Participants covered by this policy are:

1. A high school student attending an affiliated partner high school or future student programs connected to an Allina Health hospital or program).
2. College student or any adult (>age 18) who is evaluating a health care field as a potential course of study or career choice
 - a. Pre-Med/Pre-Advanced Practice Provider is limited to high-school graduates with plans to attend college within the next year. It is strongly recommended that the first year of undergraduate coursework has been completed.
3. Participants in an Allina Health Program
4. Visiting Health Care Professionals
5. Allina Health Employees
6. Individuals requesting a tour or site visit in a patient care area or other areas where PHI may be accessed

DEFINITIONS:

Academic Affiliation: Required program of study involving a clinic placement with patient care activity. These experiences are coordinated at the System Office and require a signed affiliation agreement. Procedures for these affiliations are not covered under this policy.

Allina Health Program: A curriculum-based agenda or program that has been approved or is sponsored by Allina Health for education, training, or development purposes. Programs may be internal or external to Allina Health. This includes, but is not limited to, Academic Affiliations.

Clinical Shadow Observations or Tours: Shadow Observations or Tours that occur in patient care areas or in the presence of patients.

Clinical Training Program: A program offered by an academic institution, healthcare system, or other approved organization that is designed to improve clinical knowledge



or skill. Programs may be internal or external to Allina Health. This includes, but is not limited to, Academic Affiliations.

Non-Clinical Shadow Observation or Tour: A temporary, unpaid exposure to the workplace in an occupational area of interest.

Participant: A person who has been approved for a Shadow Observation or Tour.

Shadow Observation or Tour: Collectively, Clinical Shadow Observation or Tours and Non-Clinical Shadow Observation or Tours.

Senior Leader: For purposes of this policy, the highest-ranking leader within the business unit/department. Generally, director or above.

Sponsor: A physician, Advanced Practice Provider, manager, or other leader responsible for the coordination and oversight of the Shadow Observation or Tour.

Visiting Health Care Professional: Licensed healthcare provider NOT currently employed by Allina or credentialed by the Allina business unit where observation will occur.

VPMA/DOMA (hospitals); RMD (clinics): For purposes of this policy, the Vice President of Medical Affairs (VPMA), Director of Medical Affairs (DOMA), Regional Medical Director (RMD), or the highest-level medical officer in the business unit, or that person's designee.

PROCEDURES:

General

Refer individuals interested in learning more about a healthcare career to the Allina Health Volunteer Program or existing community programs.

Participant Requirements

Prior to beginning a Shadow Observation or Tour, the sponsor must do the following:

1. Obtain, complete and retain the following required documentation:
 - a. [Allina Health Shadow Observation and Tours Form](#)
 - b. [Immunization Form for Observers](#) – Appendix E of the [Non-Employee Immunity, Health, and Infection Prevention Training Requirements Policy](#)
 - c. [HIPAA Self Study Guide Training Packet](#)

Returning observers will be required to renew the HIPAA Self Study guide training packet and all other documents annually.

2. Obtain approval through the following method, based on the approval criteria set forth in the section Approval Criteria:
 - a. Clinical Shadow Observations or Tours: Obtain approval from the most senior leader in the area or department on site. Approver examples:
 - i Shadowing a physician/advanced practice provider in the hospital – VPMA/DOMA
 - ii Shadowing a physician/advanced practice provider in the clinic – RMD
 - iii Pharmacy – Pharmacy Director
 - b. Shadow requests for operating room/procedural areas require VPMA/DOMA approval.
 - c. Non-clinical Shadow Observations or Tours: Obtain approval of the most senior leader of the area or department where the Shadow Observation or Tour will be conducted.

In all cases, even when the approval criteria are met, the VPMA/DOMA/RMD/Executive Leadership have the discretion to deny a request for approval for shadowing or tours that will occur in patient care areas, involves contact with patients, or access to PHI.

Sponsor Requirements

Sponsors are required to ensure:

1. Orientation and oversight of the Participant during the Shadow Observation or Tour.
2. Students do not access any Protected Health Information (PHI).
3. No patient care or assistance is provided by the Participant; this is an observational experience only.
4. Review and retain all documentation for a period of one year.

Approval Criteria

A Shadow Observation or Tour must meet **one** of the following criteria:

1. The Shadow Observation or Tour is designed to build career skills or knowledge along with one or more of the following
 - a. Exposure to the work environment supports that career skill or knowledge
 - b. The program provides an opportunity to encourage participants to pursue a career field in an area of need for Allina or the community
 - c. The individuals engaged in or had specific plans to engage in a health-related program of study or training, as supported by relevant enrollment, aptitude testing, or coursework.
 - d. The request is made through an entity with an established or ongoing relationship with Allina Health.
2. The Shadow Observation or Tour has been requested by a Visiting Health Care Professional to gain clinical knowledge or to further related learning, development, or skills, and no patient care will be provided.

3. The shadowing experience supports Allina Health health care operations that are not training or education (e.g., quality improvement, recruitment, audit, site visits).

Requirements/Rules of the Shadow Observation or Tour

1. The PHI, confidential and proprietary information available to the Participant, and the scope of the Shadow Observation or Tour are limited to the minimum necessary to accomplish the goals. Time limit no longer than 80 hours without additional approval of a VPMA/DOMA/RMD/Executive Leader.
2. Each participant must follow up with their assigned sponsor and department for the duration of their job shadow.
3. If the Participant will directly observe patient care, the patient's verbal consent must be obtained prior to the Shadow Observation or Tour.
4. Generally, observers are not allowed in surgical areas/suites, emergency department, restricted or locked units for substance abuse or mental health services, or labor & delivery when patients are present. Limited exceptions may be made if part of an Allina Health Program or upon approval of the VPMA/DOMA/RMD.
5. For Clinical Shadowing Observation and Tours, the staff member being shadowed/observed must be a practitioner who is currently credentialed by Allina Health or an Allina Health employee. The staff member must agree in advance to be shadowed/observed.
6. Participants may not perform functions that are otherwise performed by employees or credentialed providers, or engage in patient care in any way. Shadow visitors may only observe.
7. Participants may not record (visual or audio) any portion of the Shadow Observation or Tour.
8. The participant must wear appropriate attire

FORMS:

[Allina Health Shadow Observation and Tour Form](#)

[Immunization Form for Observers](#) – Appendix E of the [Non-Employee Immunity, Health, and Infection Prevention Training Requirements Policy](#)
[HIPAA Self Study Guide Training Packet](#)

ALGORITHM: N/A

ADDENDUMS: N/A

FAQ's:

[Students in Clinical Care Settings – Talking Points](#)

REFERENCES:

Related Regulation and Laws: N/A **Alternate Search Terms:** N/A

Related Policies:

Name of Policy	Content ID	Business Unit where Originated
COVID-19 Visitor Policy	SYS-ADMIN-CLT-002	Clinical Leadership Team
Safeguarding Protected Health Information ("PHI") and Personally Identifiable Information ("PII")	SYS-PSC-704	Compliance
Photography, Audio/Video Recording and Broadcasting	SYS-PC-PVSG-001	Photo/Video Steering Group
Non-Employee Immunity, Health, and Infection Prevention Training Requirements	SYS-IC-AIPCC-009	Allina Health Infection Prevention and Control Program Committee

Policies Replacing:

Name of Policy	Content ID	Business Unit where Originated
N/A		



System-wide Frequently Asked Questions: Shadow Observation and Tours

Last Reviewed: March 20, 2023

1. Why does Allina Health have limitations on shadow observations and tours?

Allina Health's top priority is providing high-quality care and service to its patients. Allina Health has to consider requirements for patient privacy, infection control, patient and staff safety, and the experience of its patients, as well as the safety and security of its facilities and equipment when deciding which shadow observations or tours will be permitted.

The Clinical Leadership Team, Physician Leadership, and Compliance have considered these factors and consulted stakeholders at Allina Health to develop the Shadow observation and tour policy for Allina Health.

2. Are all the forms required for a site visit?

All forms are required. Sponsors are required to save the forms for one year. There is no need to send them to Human Resources or Medical Staff Office.

3. Who should manage and complete the forms?

Sponsors are expected to manage the forms and work with the observer to complete. The sponsor may engage administrative staff if available. The Medical Staff Offices will no longer be available to manage or prepare the forms.

4. I have a request from a non-Allina Health physician to observe a new procedure that is being done at our Allina Health site. Can we still allow this person to come on campus?

Requests for a **licensed** healthcare professional to observe should follow the policy requirements for shadowing observation and tours.

5. My site plays an active role in our community and from time to time, we host non-healthcare professionals for meetings to discuss and tour a new expansion or area of care. Does this mean these guests may no longer be on site?

These sorts of community meetings can continue. We recognize that there might be times when an individual participating in a tour or business unit event could see a patient in the hall or a patient enter one of our sites for care. However, these tours should not be provided in patient care areas while patients are present, and meetings should be held in areas that limit the possibility of inadvertent patient interactions or access to patient information.

6. I am a non-employed community member who would like to shadow. I am not currently vaccinated for medical or personal reasons; may I still shadow?

Any non-employed person who requests to shadow must follow the immunization requirements of the Shadow Observation and Tour policy for Allina Health. Exceptions to this requirement will not be granted.

7. I am an employee and am required to shadow as part of my job duties, do I need to follow the Shadowing policy?

If the observation is for purposes of training/learning directly related to your job within Allina, you do not need to follow the policy. But if the observation is for other reasons, such as a current surg tech doing career exploration for a different health care career, then they would need to follow the policy.

RELATED DOCUMENTS:

Name of Document	Content ID	Business Unit where Originated
Shadow Observation and Tours	SYS-ADMIN-COMPLIANCE-001	Clinical Leadership Team

WHAT YOU NEED TO KNOW ABOUT HIPAA PRIVACY & SECURITY RULES & REGULATIONS

A SELF-STUDY TRAINING GUIDE



AllinaHealth

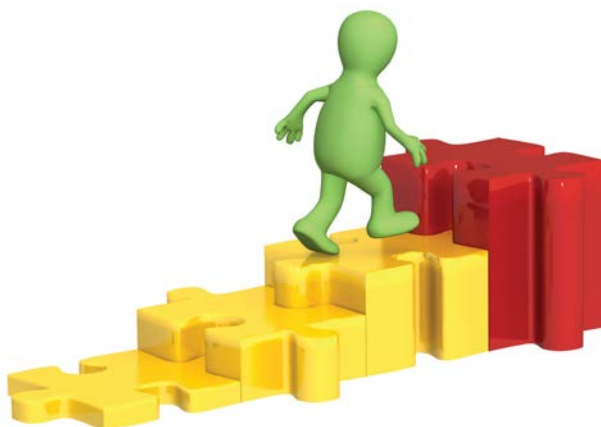
How to Use this Guide

This self-study guide provides an overview of policies and guidelines regarding the privacy of patient health information at Allina Health. The guide allows you to complete *General HIPAA Privacy Training* at your own pace. This training is designed to take approximately 30 minutes to complete.

All of Allina Health's Privacy & Security Compliance policies are available on the Allina Health Knowledge Network (AKN). If you do not have access to the AKN, ask your supervisor or your local compliance resource for information about these policies.

Upon completing this self-study guide, you will be able to:

- ❑ Identify the key rules and policies designed to protect the privacy and security of patients' protected health information
- ❑ Understand the guidelines for protecting the privacy and security of patients' protected health information
- ❑ Know what rights patients have regarding their protected health information



What is HIPAA?



HIPAA is the acronym commonly used to describe the **Health Insurance Portability and Accountability Act** of 1996 – federal legislation that created national standards for the privacy and security of protected health information. HIPAA, as well as state privacy laws, create certain obligations for health care providers and staff, as well as rights for patients.

What HIPAA requires of health care providers:

- To create, implement and maintain policies and procedures that ensure the privacy and security of patients' protected health information.
- To train workforce members about the requirements of the HIPAA Privacy and Security Rules.

What HIPAA provides patients:

- Legal right to privacy for Protected Health Information (PHI) (definition of PHI is on page 4).
- Legal rights to access and control the use and disclosure of their PHI. (See page 12 for more information about these rights).

Every Allina Health workforce member has a responsibility to:

- Only access and use PHI that is necessary to do your job.
- Understand and follow policies and guidelines that protect PHI. If you have a question about any policy or guideline related to PHI, it is your responsibility to seek clarification from your supervisor, privacy lead, or compliance.
- Know what rights patients (or their legal representatives) have with regard to privacy, access, and control of their PHI.

DID YOU KNOW?

Allina Health's HIPAA Privacy & Security policies apply to ALL Allina Health workforce members – not just those who handle medical records.

What is Protected Health Information?

Protected Health Information (PHI) is health information that *identifies an individual*, or could create a reasonable basis to believe the *information could be used to identify an individual*. This same information is called **Electronic Protected Health Information (ePHI)** when it *is transmitted or maintained in electronic format*.

- **Identifying information includes any of the following:**
 - name
 - address
 - age
 - social security number, or any other identifier
 - health history and conditions
 - treatment and medications
 - hospital or clinic visit bill, or any payment record
 - the fact that an individual is an Allina Health patient

- **PHI can exist in virtually any form – verbal, written, and electronic. It includes information:**
 - in our computer systems
 - on paper or on a white board
 - on audio recordings, in a photograph, on film or other media
 - communicated with spoken words

- **PHI includes the past, present or future:**
 - Physical, mental health or medical condition of an individual

– OR –

 - Payment for health care

DID YOU KNOW?

PHI is *anything* that links an individual to his or her health status, receiving health care services, or payment for health care services.

Use and Disclosure of PHI

Allina Health workforce members may use and disclose PHI with others as needed to:

- Provide appropriate care or treatment to a patient;
- Obtain payment for providing health care services; and
- As part of health care operations (e.g., billing, risk management, quality assurance, and other business operations)

PHI may also be **used** and **disclosed** as permitted by:

- Patient Authorization
- OR
- Legal/Regulatory Authority

You may not access, use, or disclose PHI unless it is related to treatment, payment, or health care operations OR you are directed to do so by patient authorization or legal/regulatory authority.



Appropriate Use and Disclosure of PHI

Allina Health's Notice of Privacy Practices (NPP) provides detailed information about how we use and disclose PHI.

Allina Health is required to:

- Provide the NPP to patients no later than the first date medical services are delivered and
 - obtain written acknowledgment from patients that they received a copy of the NPP
- OR—
- Document that the patient did not provide written acknowledgment that the NPP was received, why the written acknowledgment was not provided by the patient and what efforts we made to obtain the written acknowledgment.

Appropriate Use and Disclosure of PHI

Patient Permission:

In order to **disclose** PHI outside Allina Health for treatment purposes, written patient permission is required. However, patient permission is not required in the following situations:

- In medical emergencies. You may disclose information reasonably determined to be in a patient's best interest in a medical emergency. Once the emergency is resolved, providers must get a patient's permission for further use and disclosure as soon as possible.
- When there is a legal requirement to make a report or disclosure. You may disclose information necessary to make reports such as suspected abuse and neglect, or as required by the state Department of Health about certain diseases that are public health risks.
- Indirect treatment relationships. When a provider delivers health care to an individual based on the orders of another provider, results may be provided directly to the ordering provider (e.g., a radiologist, pathologist, etc. reports findings back to a primary care physician).

We also may assume that we have permission to list patient information in directories with the following limitations:

- Patients have the opportunity to object. In other words, we give patients the chance to be a private encounter.
- When a patient is a private encounter, staff from the hospital will NOT:
 - confirm the person is a patient at the hospital
 - forward calls to the patient's room
 - release any information to the media about the patient
 - provide the patient's name to the hospital information desk
- In an emergency, we may release the directory information, but we must allow patients the opportunity to opt-out as soon as possible.

Appropriately Accessing PHI

Allina Health has policies in place to identify the level of access to PHI needed by each workforce member to do his or her job. For example, one employee's role may require a different level of access to PHI than another employee who is in a different role. Employees may not access any PHI about a patient outside the scope of the employee's job unless the employee has proper written authorization from the patient and the authorization is scanned into the electronic health record or the employee is legally required to do so.

Accessing another person's PHI out of curiosity or concern is never permitted.

To ensure the privacy and security of PHI, each workforce member has a unique user identification number and password for logging onto various systems. This ensures that only those with the authority to access information are able to do so. Allina Health has systems in place to monitor access of PHI and individuals may face disciplinary action if they access PHI without a permitted business reason or if they fail to maintain the privacy and security of PHI.



Minimum Necessary Rule

Even though HIPAA allows health care organizations like Allina Health to access, use and disclose PHI for certain purposes, the Minimum Necessary Rule requires that we always take reasonable steps to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose.

General rule:

You may only access, use and disclose PHI as needed for permitted patient care or business purposes.

DID YOU KNOW?

At Allina Health, compliance with the HIPAA Privacy and Security Rules are really just an extension of the expectations outlined in Allina Health's Code of Conduct. The Code of Conduct can be found on the Allina Health Knowledge Network (AKN) at [AKN Home > Inside Allina Health > Mission, vision & values](#). Under the Code of Conduct, all workforce members commit to respecting and protecting the privacy of patients and their families by only accessing, using, and disclosing PHI as needed to do their job and using care and discretion when communicating patient information.



Privacy and Security Safeguards

Allina Health has policies in place to safeguard PHI:

➤ Procedural safeguards

Guidelines for oral communication, use of fax machines, telephones and pagers help prevent the improper disclosure of PHI. Some examples of these guidelines include:

- Do not engage in discussions about patients within hearing distance of visitors, other patients and providers who are not involved in a patient's care.
- Do not share patient information in social conversations.
- Avoid making announcements in waiting areas or over public address systems that reveal the nature of a patient's condition or which provider the patient is seeing.
- Do not discuss the reason for a patient's visit in the waiting area or in front of visitors or other patients unless it is necessary to facilitate the patient's care. As necessary, ask that visitors step out of the room during a consultation unless it is clear that the patient consents to the visitor's presence.



Privacy and Security Safeguards

➤ **Physical safeguards**

Physical safeguards include methods for placement, storing, retrieval, transfer and disposal of PHI. For example, Allina Health uses confidential recycling bins to dispose of documents and materials containing PHI. We do not leave patient charts unattended in public areas and we lock file cabinets that contain PHI.

➤ **Technical safeguards**

Technical safeguards include computer passwords and log-in requirements, screen savers and information encryption. Another example of a technical safeguard is when computer users are “timed out” of a system after a period of inactivity.

We also use email encryption a technical safeguard. If there is a permitted reason to email PHI, it must be sent by secure email transmission.

Patient Privacy Rights Under HIPAA

Patients have the legal right to:

- Receive a copy of Allina Health's Notice of Privacy Practices.
- Obtain access to and copies of their PHI (e.g., medical records).
- Request special treatment of their information, such as paying cash for services rather than billing the patient's insurance provider.
- Request that their PHI be changed or amended.
- Request that information about their treatment be communicated to an alternative address or telephone number.
- Ask Allina Health when and to whom their PHI was disclosed. Allina Health will honor an individual's right to obtain a report (or accounting) listing certain disclosures of the individual's PHI.
- File a complaint if Allina Health violates any of these rights or fails to protect their PHI.

The individual patient or his/her legal representative may exercise these rights.

If Policy Violations Occur

- **If you believe or suspect a violation, you must report it.**
 - Report to your supervisor, the compliance resource at your site or the Corporate Compliance Department at 612-262-4900 (toll free at 855-390-3781) or corporatecompliance@allina.com.
 - If you wish to remain anonymous, you must call the Allina Health Integrity Line 1-800-472-9301 to report a violation.

- **We must take steps to address any patient harm.**
 - In the event of a violation of our policies and procedures, every workforce member has a duty to take reasonable steps to minimize the harmful effects of the violation.
 - The steps we take depend on the situation. If there is a violation that may affect a patient, please work with compliance or risk management staff at your site.

- **Policy or procedure violations will result in disciplinary action.**
 - Depending on the facts, discipline may include warnings, suspension, employment termination, or other appropriate actions. Certain violations may result in civil or criminal penalties. In addition, you can personally be fined for the misuse of PHI.
 - By understanding and following our privacy policies and procedures, you protect our patients, our organization and yourself.



Conclusion

We are all responsible for protecting the privacy of PHI. Our patients rely on us to take our legal and ethical obligations seriously and to protect their privacy while delivering quality health care and services. You can do your part by understanding and following our policies and by raising questions or reporting concerns when they arise.

Resources Available to You:

- Allina Health Knowledge Network (AKN)
- Allina Health Code of Conduct
- Your Supervisor or Business Unit Lead
- Your Human Resources Representative
- Your Compliance Program Manager, Liaison, or Director
- The Corporate Compliance Department (612-262-4900 toll free at 855-390-3781) or email corporatecompliance@allina.com
- The Integrity Line (1-800-472-9301)

REMINDER: Please sign the Attendance Form



HIPAA Self Study Attendance Sheet

Date:

Location:

Room:

Name	Title	Department	Phone