**HIPAA: important points for medical students**

How to SAFEGUARD your patient’s PHI…

-Cover, turn-over and protect all records in public view.

-Avoid discussing cases in hallways and elevators. When necessary, de-identify the patient.

-Remove documents containing PHI from printers, fax machines and copiers immediately.

- Do not share passwords.

- Sign out of computer when leaving.

-Do not remove documents with PHI from the training site. Dispose of such documents in properly protected bins for shredding. When removal is necessary, documents should be protected against dropping and exposing to others and must be properly disposed of ASAP.

Protected Health Information (PHI)

All that handle PHI are both *responsible* and *accountable* for protecting patient privacy. Patients have specific and protected rights to this privacy.

PHI components that we often forget: zip code, age >89, dates of admission, discharge or treatment, rare conditions, unique physical characteristics, vehicle identifiers, URLs, facial photographs.

This includes written, verbal and electronic PHI!

Situations in which to remember that you are ACCOUNTABLE to protect patient privacy…

-Lunch conversations 🡪 De-identify PHI!

- Be aware of your surroundings.

-Accumulation of patient lists and notes in white coats 🡪 Carry documents containing PHI securely and dispose of them properly before leaving training site.

-Printing problems? 🡪 Double check printer! Do not leave documents with PHI behind.

-Conversing with patients in presence of their family members and friends 🡪 Assure that the patient has the opportunity to consent or object to the sharing of information in front of their guests.

-Sending a full H&P via email? 🡪 De-identify reports saved on computers and attachments to be sent in email. Never include full SSN, patient name, diagnosis or other identifiers in email.

*Minimum necessary disclosure*

Only access or provide to others in the team the amount of patient information necessary for proper completion of duties.

Ask yourself: “Am I accessing more PHI than is necessary for my role?” If unsure, ask preceptor or HIPAA privacy officer for guidance.

Do not discuss or present PHI to classmates or faculty not directly involved with the case. De-identify!

**RESEARCH reminder**: PHI cannot be utilized for recruitment of appropriate patients to a study without IRB approval.