



Division of Education

The mission of Marshfield Clinic is to serve patients through accessible, high quality health care, research and education.

Serving Patients by Facilitating the Education of Future Health Care Professionals

Welcome! We're delighted that you're advancing your education at Marshfield Clinic. This packet covers information on confidentiality, HIPAA, harassment, professional attire, emergency procedures, and safety.

Questions? Contact the Medical Education representative in your area or call 1-800-541-2895.

CONFIDENTIALITY

Confidentiality is our conscious effort to keep patient information private, including:

- Patient physical and mental health: diagnosis, treatments, test results, medical history
- Personal information: work or family
- Appointment data: date, time, provider, reason
- Financial/insurance: source of payment, account balance

Confidentiality can be defined as a conscious effort to keep patient information private.

True or False

Patient information may be in the form of:

- Charts and files
- Computerized information
- Information you, another co-worker or a patient sees or overhears

You must not use the Clinic's patient records, computerized information and/or financial records to retrieve information about yourself, your spouse, dependents, family members or friends.

Review the Patient Information Confidentiality Policy . Students, residents, and professional visitors in violation of this policy are subject to disciplinary actions up to and including immediate termination of the rotation, monetary fines and jailtime.

When outside the Clinic and referring to your learning experience, you cannot mention patient names or patient information you encountered.

True or False

Patient information may be disclosed on a "need-to-know" basis without written authorization to people responsible for:

- Treatment
- Payment
- Other health care operation purposes

Disclosure of patient information for all other purposes requires written authorization. This includes release of information to a patient's immediate family. Such information requests must be directed to Health Information Management (medical records).

Information concerning the Clinic must also be kept private, including:

- Financial status
- Business practices
- Strategic plans
- Marketing plans

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT

Patient expectations about privacy and confidentiality are important to providing quality health care. Marshfield Clinic and Security Health Plan are committed to protecting the privacy of their patients and members.

The Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA privacy requirements" or "HIPAA") create a new uniform minimum standard for the use and disclosure of protected health information. We had to comply with HIPAA privacy requirements by April 14, 2003. No matter where you work (patient care areas, lab, administration, pharmacy, business office, medical records, information systems or health plan) and what your position (physician or employee), it is your obligation to protect patient privacy by handling and maintaining protected health information in a confidential manner. Page 1 of 8

Protected Health Information – What Is It?

“Protected health information” (PHI) can be information related to:

- the past, present or future physical or mental health or condition of a person
- the process of providing health care to a person
- the past, present or future payment for health care services provided to a person

Two employees are sitting in the cafeteria. One employee says to the other: “I can’t get the gastric bypass surgery pre- authorized for the patient in room 8 over at St. Luke’s hospital.” Did the employee disclose PHI?

- a. No, a casual conversation is not PHI
- b. Yes, someone could identify the patient from what the employee said
- c. No, the patient’s medical history number was not used.
- d. No, the patient’s name was not used.

Not all health information is PHI because it must also be “individually identifiable.” Generally, this means that someone seeing or hearing the health information can identify the person it is about or could easily link health information to a specific person. The following identifiers make health information individually identifiable:

- Name
- Address
- Telephone or fax number
- Birth date
- E-mail address
- Social Security number
- Driver’s license number
- Medical or health record number
- Account number
- Health insurance plan identification number
- Full-face photographic images
- Certificate or license number
- Vehicle or other device serial number
- Biometric identifiers (such as finger or voice prints)
- Internet Protocol (IP) address or Web Universal Resource Locators (URLs)

Protected Health Information – Where Is It Located?

PHI is more than just a patient’s medical record. PHI can be written, oral, electronic, digital or recorded. The following are some examples of PHI:

- A postcard with an appointment or treatment reminder for a patient
- Billing/payment information
- Day sheets and interval reports that print out at MA stations
- An appointment reminder message (with clues about the patient’s medical condition or type of specialist the patient is seeing) left on an answering machine
- A telephone call to verify health insurance coverage
- A Word document, Excel spreadsheet or Access database containing PHI
- E-mail containing PHI
- PHI stored in palm pilots and other handheld devices, laptops, discs, CDs, electronic memory chips or magnetic tapes
- Faxes containing PHI
- Prescription bottles with labels

Physician A records patient test results in a spreadsheet and prints a paper copy to review at home. He consults Physician B and sends her the results by e-mail. Physician B displays them on her computer screen. Which of the following are PHI?

- a. The spreadsheet, the paper copies, the e-mail and the computer screen.
- b. Just the paper copies.
- c. The spreadsheet, paper copies and the e-mail.
- d. Just the e-mail.

Minimum Necessary Standard and Safeguards

The minimum necessary standard is a key protection of HIPAA. It is based on the principle that PHI should not be used or disclosed if that use or disclosure is not necessary or appropriate.

This means we must generally limit uses or disclosures of PHI to the minimum necessary to accomplish the intended purpose. This is similar to the “need to know” rule that we are all familiar with—if you need to see or obtain patient information to perform your job, you are allowed to do so but only what you need to do your job.

You don’t need to worry about this rule if you are disclosing PHI to a health care provider for treatment purposes or you are a health care provider who is requesting PHI for treatment purposes.

Certain incidental uses and disclosures of PHI are allowed as long as we have applied reasonable safeguards and implemented the minimum necessary standard. We cannot guarantee the privacy of PHI from any and all potential risks but must take reasonable steps to safeguard it from unauthorized uses and disclosures. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in

nature, and that occurs as result of another use or disclosure that is permitted by HIPAA. The following steps can be taken to safeguard PHI from unauthorized uses or disclosures?

- Avoid using patient names or other information that can easily link health information to a specific person.
- If it's not possible to move to a private room, lower your voice.
- Move to a private or semi-private room.

Because you are a health care professional or work in a health care facility, you have an obligation to keep PHI confidential:

- | | |
|-----------------------------------|-------------------------------|
| a. 24 hours a day, 7 days a week. | b. During work hours only. |
| c. During weekends. | d. Whenever you feel like it. |

HIPAA doesn't specifically address what information to leave in messages on answering machines, but the minimum necessary standard requires that we disclose only the minimum information necessary to get the job done. Otherwise, family members or others may overhear PHI in the message – PHI that the patient may not wish them to know about.

Patients trust you to keep their health information confidential. Don't share PHI with anyone who is not authorized to know it. As tempting as it may be to share PHI with your spouse or friends, you must remember that you have an obligation to keep PHI confidential on and off the job.

Patient Privacy Rights

HIPAA gives patients new rights including:

- The right to be informed of the privacy practices of their health care providers and health plans, as well as their privacy rights regarding their PHI
- The right to request restriction of uses or disclosures of their PHI for treatment, payment or health care operations
- The right to request to receive communications of PHI by alternative means or at alternate locations
- The right to access (inspect and copy) their PHI
- The right to request amendment of their PHI
- The right to receive an accounting of disclosures of PHI made for certain purposes and without written authorization

If patients ask you about these new privacy rights, you should refer them to HIM staff.

Sanctions for Privacy Violations

When you follow our privacy and confidentiality policies, you not only help protect our patients' privacy but also our organization and yourself from sanctions. Failure to follow these policies may result in disciplinary action, up to and including termination and lead to civil and criminal liability.

Sanctions under HIPAA can include monetary fines and jail time:

- \$100 for each violation of the law, up to \$25,000 per year for violations of the same requirement. Multiple violations of different requirements can result in additional fines.
- Up to \$50,000 and 1-year jail sentence for knowingly using or disclosing PHI in violation of HIPAA.
- Up to \$100,000 and 5 years in jail for gaining access to PHI under false pretenses.
- Up to \$250,000 and 10 years in jail for using or disclosing PHI with harmful intent or for sale or other personal or commercial gain.

In addition to sanctions under HIPAA, there are sanctions under Wisconsin law that can include monetary fines, forfeitures and jail time.

HARASSMENT

Workplace Harassment Definition

A form of unlawful discrimination that includes all types of physical or verbal conduct showing hostility toward a person because of a person's sex, race, religion, national origin, disability or any other legally protected status listed below:

- Race
- Disability
- Creed
- Sexual Orientation
- Handicap
- Veterans Status
- Medical Condition
- Color
- Age
- Ancestry
- Use of Lawful Products
- Conviction Record
- Religion
- Marital Status
- National Origin
- Sex (gender)
- Arrest Record
- National Guard

Legally protected statuses are protected by Title VII of the Civil Rights act of 1964, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and state discrimination laws.

Harassment is prohibited whether it occurs in person, in writing, by telephone, fax, email, via the Internet or any other communication.

Examples of Prohibited Harassment:

- Ridiculed for wearing the traditional Indian sari dress to work
- Manager informs a subordinate she will promote him if he sleeps with her
- Group of employees subject a co-worker to a barrage of comments about his strict religious beliefs, conservative lifestyle and involvement in church activities
- Manager excludes an employee from an IS training course stating it would be a waste of time because 'you can't teach an old dog new tricks'

Sexual Harassment Definition

Sexual harassment generally involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made an implicit or explicit condition of employment.
- Submission to rejection of such conduct affects employment opportunities.

OR the conduct interferes with an employee's work or creates an intimidating, hostile or offensive work environment. Sexual harassment may occur in two forms: "Hostile environment" and "quid pro quo".

Quid Pro Quo (Tangible Harassment) occurs when someone in the position of authority promises or threatens an employment action, decision or expectation based on an employee's willingness to grant or deny sexual favors. The harasser may be male or female. Examples:

- Demanding sexual favors in exchange for a promotion/raise.
- Disciplining or firing a subordinate who ends a romantic relationship
- Changing performance expectations after a subordinate refuses repeated requests for a date.

Hostile Environment occurs when unwelcome sexual conduct unreasonably interferes with an individual's job performance or creates an intimidating or offensive work environment. Examples:

- Off-color jokes or teasing
- Comments about body parts or sex life
- Suggestive pictures, posters, calendars, screen savers

Addressing All Forms of Harassment

- If you're offended, don't hesitate to make it clear to the harasser that it must stop.
- If you feel you are being harassed, or you know someone who is, contact your Education Coordinator immediately.

Unwelcome sexual advances
would be one definition of sexual
harassment?
True or False

PROFESSIONAL ATTIRE AND APPEARANCE

Proper attire and personal cleanliness are expected, since they affect staff morale and the Clinic's business image. Dress according to your position's requirements and Clinic policy. Failure to do so will result in your being sent home to return in proper attire.

Guidelines:

- Display good hygiene and neatness
- Keep hair away from face in patient care areas
- Wear minimal jewelry
- Use colognes/perfumes conservatively
- Wear clean shoes with socks or nylons
- Have nametag on at all times
- NOT permitted: Sandals/thongs, sweatpants, sweatshirts, T-shirts, jeans, shorts and skirts

Sandals, jeans and shorts are considered professional attire:

True or False

Some residents and students must wear surgical scrubs:

- Provided scrubs remain property of the institution
- Ask your mentor to learn where to obtain scrubs
- Wear scrubs only within the medical
- Do not take scrubs home
- Return scrubs through laundry system
- To prevent scrub shortages, do not stockpile (clean or dirty)

EMERGENCY PROCEDURES

Every clinic facility utilizes **911** for any emergency procedures.

Security Emergency

If you notice suspicious, disruptive or threatening persons, or someone vandalizing or stealing:

- Dial 911
- Give the operator the location and situation

Missing or Abducted Infant or Child

If a child is missing or abducted:

- Dial 911
- Give operator as much information as possible about the child
- Centers with overhead paging will announce description of the child
- Assist staff looking for the child, if you're not with a patient
- Do not try to stop the abductor yourself, but report observations to the authorities

Fire Emergency

Use the acronym R.A.C.E. to remember the fire procedure:

- R - Rescue/remove patients
- A - Alarm: dial 911 to report location and/or pull fire alarm
- C - Confine fire by closing doors and shutting off fans, gas, oxygen and electrical equipment
- E - Extinguish fire and evacuate according to your center's policy

Medical Emergency

Use for anyone who needs immediate medical help:

- Dial 911
- Give location, nature of the emergency and age of the patient
- Post someone in hallway to direct emergency personnel to the patient
- IF TRAINED, start emergency care (i.e. CPR)

If a child is missing and/or abducted, try to immediately stop the abductor yourself.

True or False

Weather Emergency - Tornado

In Wisconsin, we need to prepare for weather emergencies such as strong winds or tornados. The local county emergency government office issues tornado watches and warnings:

- **Tornado watch** – weather conditions could produce tornados

➤ **Tornado warning** - tornado actually sighted or detected by radar

Take precautions in caring for patients with active or suspected active TB:

- Remove patient from waiting room to exam room or negative pressure room ASAP
- Exam room door must remain closed
- Patient must wear a mask both inside and outside of the exam room, unless in a negative pressure room
- You must wear a TB approved respirator

TB bacteria spread by droplet nuclei. A person with active TB coughs, sneezes, sings or, in some cases, talks droplets into the air where others inhale the droplets. Droplet nuclei of TB are 1-5 microns in size. Air currents can keep them airborne for hours.

If your rotation requires that you work with TB patients, you must receive specific training. Contact the department manager.

HAND HYGIENE

Proper hand hygiene is the most important action we can take to prevent the transfer of microorganisms and infection between patients and health care workers. Wearing gloves is NOT a substitute for hand hygiene!

When to wash hands (minimum 15-second scrub):

- Before, between and after patient contact
- After de-gloving and removing personal protective equipment
- Before and after eating
- Before and after wound contact
- After bathroom use
- After contact with high-touch surfaces (doorknobs, elevator buttons, handrails and telephones)

Use of hand sanitizers:

- Excellent adjunct to hand washing
- Minimum 66% alcohol to be effective
- Effective in inhibiting growth and multiplication of organisms on hands

However, you must still wash hands as soon as possible if:

- Gloves are contaminated with blood and/or body fluids
- Hands are visibly soiled

BLOODBORNE PATHOGENS AND EXPOSURES

Pathogens are microorganisms that are present in blood or other potentially infectious material (OPIM) that can cause disease.

Pathogens spread by blood and body fluids include, but are not limited to:

- Human immunodeficiency virus (HIV)
- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)

These materials should be treated as potentially infectious:

- Blood
- Mixtures of body fluids
- Cerebrospinal fluid
- Pleural fluid
- Saliva
- Vaginal secretions
- Certain cell, tissue or organ cultures and mediums
- Body fluids visibly containing blood
- Amniotic Fluid
- Pericardial fluid
- Synovial fluid
- Semen
- Unfixed tissue or organs (does not include intact skin)
- Organs or tissues from animals

Bloodborne pathogens are transferred in three ways:

- Direct puncture of skin by object contaminated with infectious blood/body fluid
- Exposure of infectious blood/body fluid to non-intact skin
- Contact of infectious blood/body fluid with mucous membranes such as mouth, nose, eyes or sexual organs

If you have an exposure:

- Contact the exposure hot line by calling 9-3314 (24 hrs)
- Wash exposed area with soap and water;
 - For needle/sharp stick injuries gently squeeze area to induce bleeding
 - For splashes in your eyes, nose or mouth, flush the area with water or saline
- Notify your education coordinator, mentor and school
- The Clinic will test blood of source patient if HBV/HCV/HIV status is unknown and provide you with the results.
- The Clinic recommends that you be tested, at your own expense

Mucous membranes are a potential route of entry into the body for bloodborne pathogens.

True or False



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