



**MADERA COMMUNITY HOSPITAL**  
**Summary of Privacy Laws**  
SB 541 and AB 211

- Requires all health care facilities to put into place safeguards that protect patient health information (PHI)
- What is patient health information (PHI)?
  - ✓ patient name                      ✓ medical record #                      ✓ physician orders
  - ✓ nurses notes                      ✓ Operative Report                      ✓ Account #
  - ✓ films                      ✓ Lab reports/results                      ✓ doctors' notes
  - ✓ transcribed reports                      ✓ photos                      ✓ consent forms
- What is patient identifiable information (PII)?
  - ✓ patient name                      ✓ DOB                      ✓ SSN
  - ✓ address                      ✓ phone #                      ✓ Driver's License #
  - ✓ e-mail address                      ✓ license plate #
- Employees, vendors, health care workers and hospitals can now be fined up to **\$250,000** for each violation (breach) of privacy.
- A 'breach' means someone accessed a medical record or health information in our Electronic Medical Record (Meditech, CPN, eCW, etc.) and they did not have authorization to access that information. Specifically, a breach means "the inappropriate access, review or viewing of patient information without the direct need for a medical diagnosis, treatment or other lawful use permitted by CMIA [California Medical Information Act], other statute or regulation." It means you may not look at a patient's record to satisfy your curiosity.
- When the hospital is made aware that a breach occurred, it has fifteen (15) business days to report the breach to the Department of Public Health (DPH). The DPH may assess a daily fine of \$100 if the hospital does not report within the fifteen (15) business days.
- All Healthcare facilities are required to report ANY unlawful or unauthorized access, use or disclosure of PHI to the following people: (1) to the Department of Public Health, (2) to the patient, (3) to the Medical Board (if indicated), and (4) to the Licensing Agency (if indicated).

**EXAMPLES:**

- If you are in the cafeteria line and you hear Sue, R.N. talking with Joe, R.N. about a patient, you can say something to Sue/Joe about discussing private information in public areas, but you **MUST** report this type of occurrence. Be sure to document the date, time, names of persons involved, and facts about what you overheard. Take this report to your immediate supervisor, director or V.P. immediately



# Madera Community Hospital

- If you see someone you know registering for care here, you may not share that information with your co-workers, family or friends outside of the hospital.
- If you see a name on the patient census list, you may not say to a co-worker or friend that you know that person. . . you may **not** acknowledge anything about that patient.
- If you observe someone or several people discussing patient care details in the hallway or any other hospital location, it is okay for you to respectfully tell them, to **not** discuss private patient information in public areas. However, you **MUST** also report this type of occurrence. Again, be sure to document the facts in our Datix application, and include all facts known, including the date, time, names of person or persons involved and only the facts about what you overheard. You also need to report this occurrence to your immediate Supervisor, Director, or V.P. immediately.

## **REMEMBER, YOU ARE RESPONSIBLE . . . . .**

- For maintaining patient confidentiality [be careful where you talk and what you say]
- For reporting an actual or suspected breach by completing the occurrence within the Datix application **and** talk with your immediate Supervisor, Director or V.P.
- You may **NOT** look at or access anyone's health information (including family members or ex-family members)
- You may **NOT** simply look in MediTech or any patient care application, including eCW, CPN, etc., to read your own medical record. Instead, first visit the Health Information Management Department and complete the proper Authorization form for copies of your medical record or to view your record in EMR.
- You can personally be fined up to \$250,000 **and** lose your job for a breach of confidential information.
- Any access to patient health information, i.e., medical records, requires an appropriately signed Authorization form by the patient.



**MADERA COMMUNITY HOSPITAL**  
**PRIVACY LAW QUIZ** *Revised May 2019*  
SB 541 and AB 211

	QUESTION	TRUE	FALSE
1	I personally could be fined up to \$250,000 and lose my job for an intentional breach of confidentiality		
2	It is okay for me to look up a friends or family member's medical record and print a report if my friend asks me to		
3	It is my responsibility to report an actual and/or suspected breach of confidentiality.		
4	The hospital must report a confirmed breach of confidentiality to the Department of Public Health and the Licensing Agency (if indicated).		
5	It is okay for me to print copies of my own lab results after I have signed the proper Authorization form.		
6	When reporting a breach, I enter an incident in the Occurrence Reporting System, through Datix, and immediately notify my Supervisor or Director		
7	Examples of PHI include patient photos, doctors' notes and/or lab reports		

My signature below indicates that I understand that if I breach confidentiality of privacy health information per HIPAA and Privacy Statutes, or any hospital policy, I am subject to immediate termination. I also understand that a breach is reportable to both the patient and to Department of Public Health immediately. I also understand I may be personally sued and subject to fines up to \$250,000, loss of my license and other penalties.

I promise to access only the information that I have the authorization to access in accordance with my job description and to perform my assigned duties during work hours. If I wish to receive copies of my medical records, I will request such copies from the H.I.M. Department during normal business hours.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME