



ACMI

HIPAA



HIPAA Health Information Portability and Accountability Act

HIPAA was created to protect patient medical information. With the introduction of electronic medical records (EMRs) it became even more important to protect patient records.

The patient may always agree (give "consent") for a provider to communicate with you, including giving you information about the patient.

Providers should talk to you in 4 situations:

- ✓ **IF YOU ARE A GUARDIAN**, providers must share all information and include you in all decisions. HIPAA requires this.
Tip: Always have guardianship papers available to fax or e-mail.
- ✓ **IF YOU HAVE A MENTAL HEALTH POWER OF ATTORNEY ("MHPOA")** that is in effect, you should have the same rights as someone with a Guardian.
Tip: Expect providers to question if the POA is "effective". Providers should "listen" to you regarding information that helps the provider act in a patient's best interest. HIPAA does NOT prohibit this.
- ✓ Providers should *listen* to anyone who has information about the patient
- ✓ Providers should *communicate* (listen and talk to you if the patient is incapacitated).

Things are not true!!

- ✗ The incident must have occurred within 24 hrs.
- ✗ Ineligible if drugs or alcohol are detected.
- ✗ You came to the wrong location/door.
- ✗ If the person is not DTO or DTS they cannot be petitioned.
- ✗ If the person is PAD, you must call the PAD phone number rather than filing an in-person petition.

Who does HIPAA apply to according to CDC?

Covered Entities

The following types of individuals and organizations are subject to the Privacy Rule and considered covered entities:

Healthcare providers

Every healthcare provider, regardless of size of practice, who electronically transmits health information in connection with certain transactions which includes claims, benefit eligibility inquiries, referral authorization requests, and other transactions for which HHS has established standards under the HIPAA Transactions Rule.

Health plans

Entities that provide or pay the cost of medical care. Health plans include health, dental, vision, and prescription drug insurers; health maintenance organizations (HMOs); Medicare, Medicaid, Medicare+Choice, and Medicare supplement insurers; and long-term care insurers (excluding nursing home fixed-indemnity policies). Health plans also include employer-sponsored group health plans, government- and church-sponsored health plans, and multi-employer health plans.

Exception: A group health plan with fewer than 50 participants that is administered solely by the employer that established and maintains the plan is not a covered entity.

Healthcare clearinghouses

Entities that process nonstandard information they receive from another entity into a standard (i.e., standard format or data content), or vice versa. In most instances, healthcare clearinghouses will receive individually identifiable health information only when they are providing these processing services to a health plan or healthcare provider as a business associate.

Business associates

A person or organization (other than a member of a covered entity's workforce) using or disclosing individually identifiable health information to perform or provide functions, activities, or services for a covered entity. These functions, activities, or services include claims processing, data analysis, utilization review, and billing.

What is protected health information (PHI)?

PHI is any health information that can be tied to an individual, which under HIPAA means protected health information includes one or more of the following 18 identifiers. If these identifiers are removed the information is considered de-identified protected health information, which is not subject to the restrictions of the HIPAA Privacy Rule.

- Names (Full or last name and initial)
- All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the U.S. Bureau of the Census; the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
- Dates (other than year) directly related to an individual
- Phone Numbers
- Fax numbers
- Email addresses
- Social Security numbers
- Medical record numbers
- Health insurance beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers (including serial numbers and license plate numbers)
- Device identifiers and serial numbers;
- Web Uniform Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger, retinal, and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data



Psychiatric urgent care centers:

- Connections AZ Urgent Psychiatric Care Center (UPC)
1201 S. 7th Ave. Phoenix, AZ 85007
602-416-7600
- RI International Recovery Response Center (RRC)
11361 N. 99th Ave. Peoria, AZ 85345
602-650-1212, press 2
- Community Bridges Community Psychiatric Emergency Center (CPEC)
358 E. Javelina Ave. Mesa, AZ 85210
1-877-931-9142
- Observation Services for Children and Adolescents (OSCA)
St. Luke's Behavioral Health Center
1800 E. Van Buren St. Phoenix, AZ 85006
602-251-8535

RHBA- Mercy Care Grievance and Appeals
If you prefer to file your grievance in writing,
please send your complaint to:

Mercy Care Grievance System Department
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040
602-586-1719 or 1-866-386-5794
Fax: 602-351-2300