



DYNAMIC STRIDES THERAPY, INC. HIPAA Acknowledgement

During your time at Dynamic Strides Therapy, Inc., you may see and interact with patients who are receiving treatment. Those patients are entitled to keep their medical and other information private and certain laws protect against inappropriate access to, and use and disclosure of, that information. The most well-known of these laws is the Health Insurance Portability and Accountability Act of 1996—commonly known as “HIPAA.” It is very important that you understand the basics of HIPAA so that you can help DST to meet its legal obligations to its patients. The following is a brief overview of HIPAA and some practical guidance for ensuring compliance as you volunteer for DST. If you have any questions about this material or HIPAA in general, please contact DST’s Responsible HIPAA Individual.

HIPAA’s most basic premise is that a **Covered Entity** may not use or disclose an individual’s **Protected Health Information**, except as otherwise **permitted or required by law**.

- A **Covered Entity** includes a healthcare provider like DST. As a student/observer with DST, you’re viewed as part of DST’s “workforce” for HIPAA purposes, so you must comply with HIPAA’s provisions when doing your work.
- **Protected Health Information** (often called “PHI”) is a combination of **two** things:
 - FIRST, information about:
 - (1) a patient’s past, present or future physical or mental health or condition;
 - (2) the provision of health care to a patient, or
 - (3) the past, present, or future payment for providing health care services to a patient.
 - SECOND, information that can identify the individual patient, including things like name, address, birthday, Social Security Number, and photograph.

Note that PHI can be in any form or media, whether electronic, paper, or oral.

- Whether the use or disclosure of PHI is **permitted or required by law** is not a determination that you will need to make. You should assume that you will not need to use or disclose any PHI unless you are explicitly directed to do so by a DST employee who supervises you. **Unless you have received that direction, you may not use or disclose any PHI.**

Remember....

- If anyone asks you for PHI, tell him/her you are not able to provide that information, but will pass along the request to the appropriate contact. Speak to your supervisor right away or contact DST's Responsible HIPAA Individual. Do not assume that someone claiming to be a patient or a patient's representative on the telephone is legitimate. You do not have authority to disclose any PHI, and DST will determine whether and how to respond to requests.
- Disclosures can occur accidentally. Use discretion when you must discuss or handle PHI within DST. For example, do not loudly call across the room that Sally Smith is here for her appointment or leave a copy of a therapy document you are delivering in an open space where anyone can see it. PHI should never be audible or visible to anyone other than the patient, the patient's authorized representative, or authorized DST personnel.
- Refrain from talking about patients or patient scenarios you see while volunteering at DST. This includes casual chats with friends and family, as well as social media activity. Examples of prohibited disclosures of PHI include things like posting a photo of a DST patient receiving treatment on your Instagram account, tweeting about seeing Sally Smith at her DST therapy appointment, or telling a friend that you found out while working at DST that John Jones has Down's Syndrome. Just because you trust someone to "keep a secret" doesn't mean you are allowed to share PHI.
- As a rule of thumb, don't post anything on social media about DST patients. Even if you think you are sufficiently masking a patient's identity, you may not be. You never know what might make a patient identifiable. It may seem harmless to say, "Had an awesome day of volunteering at DST! I saw a little blonde girl with autism come in at 2:00, ride Buddy, and go home an hour later looking so happy!" However, these specifics might enable someone to identify the patient.

In addition to not using or disclosing PHI, you must not access PHI unless you have been instructed to do so by an authorized DST employee. Examples of "accessing" PHI include looking through physical patient files or searching patient databases.

Remember....

- Good intentions do not matter. Just because you are concerned about your neighbor and want to see if he or she is seeing improvement after receiving therapy through DST does not give you the right to search that neighbor's DST patient file.
- The PHI of celebrities and public figures is protected by HIPAA just the same as anyone else's PHI. It is not acceptable to search DST's patient database to see if a local celebrity or politician is a patient or has a child who is a patient. Your curiosity does not trump your obligation to not access PHI.
- DST is required to keep its PHI secure and even employees are not allowed to access PHI unless they have a legitimate need to do so. It may seem harmless to flip through some charts, but you are putting DST at risk of violating HIPAA.

There are many components to HIPAA, but the above should provide you with the information necessary to ensure your compliance as a volunteer. If you wish to review DST's HIPAA policies and procedures, or have any questions about HIPAA, PHI, or a request related to PHI, please contact DST's Responsible HIPAA Individual:

HIPAA ACKNOWLEDGMENT

I acknowledge that Dynamic Strides Therapy, Inc. provided, and I received and understood, training regarding HIPAA compliance. I agree that I will comply with all HIPAA provisions, and with any HIPAA policies and procedures I am subsequently provided. I acknowledge that DST has provided me with contact information for its Responsible HIPAA Individual and that I may contact that person with any questions I have or to request additional information. I further agree if I witness any potential HIPAA violations while at DST, I will report them to the Responsible HIPAA Individual or my supervisor.

Date: _____

Print Name

Signature