Frequently Asked Questions about Safeguarding Protected Health Information

Q. What is HIPAA?
A. HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996, which is a federal law enacted by Congress. The law has many provisions designed to improve people’s access to health care throughout the country, as well as requirements for health care providers and health plans (i.e., insurers/HMOs and self-insured employer group health plans) to more efficiently and securely share health care data and information. The HIPAA privacy regulations establish standards for protecting individuals’ medical records and other personal health information. The rules generally go into effect on April 14, 2003.

Q. Why is a federal law needed to protect health information?
A. Today, more and more health information is routinely shared electronically among health insurance companies, health care providers (e.g., doctors, hospitals, clinics), and employers who sponsor group health plans. The original intent of HIPAA was to establish standards for smooth, consistent, and secure electronic transmission of health care data among these parties. However, as the regulations were being prepared, the need for standards to protect personal identifiable health information was recognized.

Q. How do these regulations protect the privacy of health information?
A. The federal law enacted by Congress created national standards for the handling of Protected Health Information (PHI) by setting boundaries on how individually identifiable health information may be used and disclosed. It also enables individuals to be informed about how their PHI may be used.

Q. What are plan participants’ rights under these new privacy regulations?
A. All group health plan participants will receive a Notice of Privacy Practices, and are encouraged to read it. It describes how the health plan is permitted to use Protected Health Information (PHI) and the rights of individuals on or after April 14, 2003. These include the rights to:

  ■ access their personal PHI and request amendments or corrections
  ■ request an accounting of certain disclosures of PHI
  ■ make a complaint regarding any violation of the privacy rights protected by HIPAA.

The notice also explains the procedures for exercising these rights.

Q. What is Protected Health Information (PHI)?
A. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Protected Health Information (PHI) is confidential, personal, identifiable health
information about individuals that is created or received by a health plan, provider, or health care clearinghouse and is transmitted or maintained in any form. “Identifiable” means that a person reading this information could reasonably use it to identify an individual.

Our new privacy policies spell out how PHI can be used and who is authorized to use it.

The following are some (but not all) of the elements that make health-related information PHI:

- name
- address
- e-mail address
- birth date (except year)
- Social Security number
- employee number
- claim number
- health plan beneficiary number.

PHI includes written documents, electronic files, and verbal information. (Even information from an informal conversation can be considered PHI.)

Examples of PHI include completed health care claim forms, detailed claim reports, explanations of benefits, and notes documenting discussions with plan participants.

Q. **How is Protected Health Information (PHI) stored?**

A. PHI should be kept in secure locations and/or systems that allow only people who are authorized to handle this information to do so. PHI may be stored in several locations. For example, it may be stored in files created by a health insurance company to record health care claims; it may also be stored in records kept by the doctors from whom employees and family members receive care; and, it is probably on file with pharmacies for use with prescriptions. Wherever PHI is stored, it must be secured in accordance with the HIPAA privacy regulations that go into effect on April 14, 2003.

Q. **Who has access to Protected Health Information (PHI)?**

A. Only authorized staff members in organizations who keep PHI can access PHI, and it can be used only for the purposes described in the *Notice of Privacy Practices*. All professionals authorized to handle PHI are required to be trained in the processes and procedures that are a part of their health plan responsibilities.
Q. How is PHI handled within our organization?
A. As of April 14, 2003, only a relatively small group of people within our organization will be authorized to handle PHI as it relates to the group health plan. This change is the result of new federal regulations designed to protect the privacy of employees' personal identifiable health and medical information.

Q. How does our health plan use Protected Health Information (PHI)?
A. The health plan uses PHI to perform several essential functions that include paying health claims accurately, coordinating treatment as appropriate to ensure that employees and their families receive the right care, and managing the operations of the health plan. From time to time, the health plan may disclose PHI to government agencies and other bodies as required by law. At all times, the health plan follows strict procedures to safeguard the confidentiality of this information. The Notice of Privacy Practices describes the permitted uses and disclosures of PHI in more detail.

Q. If employees have dependents (spouse and/or children) enrolled in an employer’s health plan, is the personal identifiable health information of these family members also protected?
A. Yes. The same regulations that apply to the security of employees’ Protected Health Information also apply to dependents’ Protected Health information.

Q. How is PHI handled when an employee retires or leaves the company?
A. Employees’ PHI remains secure and confidential even after they leave the company or retire.

Q. Are employees allowed to see their Protected Health Information (PHI)?
A. Yes. They may request to inspect their PHI on or after April 14, 2003. The procedures for exercising this right and others are explained in the Notice of Privacy Practices.

Q. If employees have questions about privacy rights or Protected Health Information (PHI), whom should they contact?
A. Employees with questions should ask their managers, supervisors or local human resources manager for the name and phone number of the person in the organization they should contact. They will also find that contact information in the Notice of Privacy Practices.

Q. Where should employees go if they have questions about health issues or benefit claims?
A. Employees should contact benefit representatives with questions about health issues and claims. These people are authorized and trained to handle protected health information and are familiar with the company’s benefit plans.
Q. What should a manager or supervisor do if an employee asks to discuss his or her health status, or requests help with a benefits claim problem?

A. The manager or supervisor may discuss the situation with the employee, suggest steps the employee could take to resolve the problem, or refer the employee to the appropriate benefits contact. The manager should only discuss the benefit issues in the situation and not the specific medical aspects of the case.

If the employee asks the manager or supervisor to contact the benefits department or plan administrator on his or her behalf, the manager may do so, but should direct the benefits department or administrator to respond directly to the employee.

The manager or supervisor should not keep copies of any documents with PHI.

Finally, the manager should not discuss the employee’s health situation with anyone except the employee or the appropriate benefits department or plan administrator contact.

If you have further questions about the privacy policies of the Visa Group Health Plan, please contact:

Benefits Department
900 Metro Center Blvd.
Foster City, CA 94404
(650) 432-8222