

VAMHCS RESEARCH SERVICE HOT TOPIC

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VAMHCS Rules for Privacy Safeguards

We have all taken our annual privacy trainings, but do you know the actual nuts and bolts of privacy safeguards in place here at the VAMHCS? They are described in the VAMHCS Policy Memorandum 512-136/MAS-021 “Privacy Policy and Procedures”. Here are some highlights:

- VA regulations apply to “Individually Identifiable Information” (III). Protected health information (PHI) (what we usually think of when we think of patient privacy and HIPAA) is a subset of III. Therefore, VA regulations are more far-reaching than HIPAA regulations. The VA privacy regulations can be found in [VHA Handbook 1605.1 “Privacy and Release of Information”](#).
- Here is how the VA defines “Individually Identifiable Information”:
Individually-identifiable information is any information, including health information maintained by VHA, pertaining to an individual that also identifies the individual and, except for individually-identifiable health information, is retrieved by the individual’s name or other unique

identifier. Individually-identifiable health information is covered regardless of whether or not the information is retrieved by name.

- Information is only considered de-identified if the methods outlined in [VHA Handbook 1605.1 Appendix B](#) are followed.
- Disposal of documents containing III:
 - Shred all such documents before throwing them away.
 - If you contract with a service that transports documents to be shredded off-site, keep the documents in a locked container or locked room until they are taken away.
 - If you need to destroy other types of media, contact the VAMHCS Privacy Officer for help.
- Maintaining auditory privacy:
 - Discuss patient care information only with appropriate individuals (members of the patient's treatment team or others with a need to know)
 - Discussions of patient care issues must only occur in appropriate areas where there is little chance of being overheard by individuals who do not have a need to know.
 - Do not discuss ANY identifiable patient care issues in the canteen, elevators, hallways, etc.
- Use of fax transmissions:
 - BEFORE you send any fax containing III, verify that you have the correct fax number. If this is the first time you have faxed to the number, telephone or email the office to confirm that you have the correct fax number. If you fax to the

number frequently, consider pre-programming the number into your fax machine (and testing that it's correct!) AND periodically checking to make sure the number is still correct.

- BEFORE you send any fax containing III, phone or email the office to make sure that there is a recipient at the other end or that the recipient's fax machine is in a secure (locked) location.
- FAX cover sheets MUST contain the following disclaimer:

This fax is intended only for the use of the person or office to which it is addressed and may contain information that is privileged, confidential, or protected by law.

All others are hereby notified that the receipt of this fax does not waive any applicable privilege or exemption for disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please notify this office immediately at the telephone number listed above.

- After the fax has been sent, check the fax transmission verification sheet to confirm that information went to the proper destination number. If there has been an error, immediately contact the incorrect recipient and request return or destruction of the fax.

- Emailing information:

- In general, do not email any information containing III.
- If you must send III, use VAMHCS Outlook and be sure to use PKI (Public Key Infrastructure) to encrypt it.
 - In order to use VAMHCS Outlook and PKI, you must have a “va.gov” email address (and you must be an employee or a WOC).
 - Apply for a va.gov account or for PKI through Ann Kimball, x6506, Ann.Kimball@va.gov.
 - When you are approved for PKI, follow ALL the directions for installation of PKI. You will receive an “Encryption Certificate” and a “Digital Signature” certificate. Save these on a network drive in order to be able to access them if you need to work from different computers.
 - ***The person to whom you are emailing must also have PKI encryption and a va.gov address in order for them to “unencrypt” the message.***
 - The general rule is NOT to transmit III using any other email system than VAMHCS Outlook. If you feel you need to use PKI on the University email system, it ***may*** be possible to do so under very special circumstances, but this is not guaranteed and it is a very involved process. In general, such access is denied.
- If any errors or deviations in these or other VAMHCS privacy rules do occur, contact the VAMHCS Privacy Officer (PO) immediately:

Janice Crosby
410-605-7330 (office)
410-447-4912 (pager)

For email encryption or other IT questions,
VAMHCS Information Security Officer (ISO):
Lucy Fleming
410-605-7140, 410-605-7141, or 410-642-1881

For Research Service related IT questions
(applying for va.gov accounts, applying for PKI,
etc.)

Ann Kimball
410-605-7000 x6506
Ann.Kimball@va.gov

- Remember that these are your responsibilities:
 - Accessing the minimum necessary data for which you have authorized privileges.
 - Protecting an individual's rights to privacy and ensuring proper use and disclosure of information.
 - Appropriately safeguarding printed and electronic III.
 - Reporting complaints and/or violations of privacy policies or procedures to the Privacy Officer.
 - Reporting information security violations to the Information Security Officer or to an IRM manager.
 - Consulting the Privacy Officer and VHA Handbook 1605.1 for guidance in privacy situations.

For questions concerning this or other Research Service Hot Topics OR for adding staff or colleagues to the Hot Topics mailing list, contact:

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Can't put your finger on a past Hot Topic you know would solve your problem? No problem. Check the Hot Topics archive on the Research Service website:

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For comments, complaints or suggestions regarding the Research Service or Office of Research

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