

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR



CORONAVIRUS UPDATE: BE PREPARED AND DON'T PANIC!



Since our piece on the Coronavirus last month, the major news outlets have been posting daily reports of the spread of the illness. It's important to remain calm. Don't panic. Continue to practice standard infection control including, hand hygiene, respiratory hygiene, cough etiquette and appropriate use of personal protective equipment (PPE).

The [CDC](#) has issued these updated guidelines through the [CDC Health Alert Network \(HAN\)](#):

| Clinical Features | Epidemiologic Risk |
|---|---|
| Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) | AND Any person, including healthcare personnel, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset |
| Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization | AND A history of travel from affected geographic areas, within 14 days of symptom onset |
| Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza) | AND No identified source of exposure |

Patients presenting with any of the above criteria should be immediately reported to your local health department.

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HIPAA OSHA INFECTION CONTROL BUSINESS ASSOCIATES



CORONAVIRUS UPDATE

If you have not already done so, be sure to implement the following infection control measures:

1. Minimize chance of exposure. When possible patients with respiratory illness should be identified prior to arrival through a triage process. Any patient with respiratory symptoms should be provided a face mask and encouraged to perform hand hygiene and cough etiquette. If the patient meets the criteria for possible COVID - 19 they should be placed as quickly as possible in an exam room. The best-case scenario is to be placed in an Airborne Infection Isolation Room, but for most outpatient facilities, this is not possible, therefore place the patient as quickly as possible in a room and close the door.
2. Deliver patient care by a dedicated team in order to minimize worker exposure. Appropriate PPE must be utilized including gloves, gown, eye protection (goggles or face shield, glasses with side shields) and a mask. The N-95 respirator mask provides the highest level of protection against respiratory viruses but must be utilized in conjunction with a written Respiratory Protection Program. A medical evaluation and fit testing are part of the written plan and should be performed prior to the masks being utilized.
3. Contact the local or state health department for to report the person under investigation and direction on how to proceed with care.
4. Once the patient has left the practice the room should be cleaned and disinfected with a EPA registered hospital grade disinfected to frequently touched and horizontal surfaces.

NOTE: This is a BRIEF recap of basic infection control measure. Complete guidance is provided on [the CDC 2019 Novel Coronavirus webpage](#).



TMC has added additional resources to our website. The coronavirus landing page will provide information to assist with preparing for and working with COVID – 19 patients. Along with links to important resources, recorded webinars on this emerging situation are available specific to both dental and medical practices.

**CLICK HERE
TO LEARN MORE**

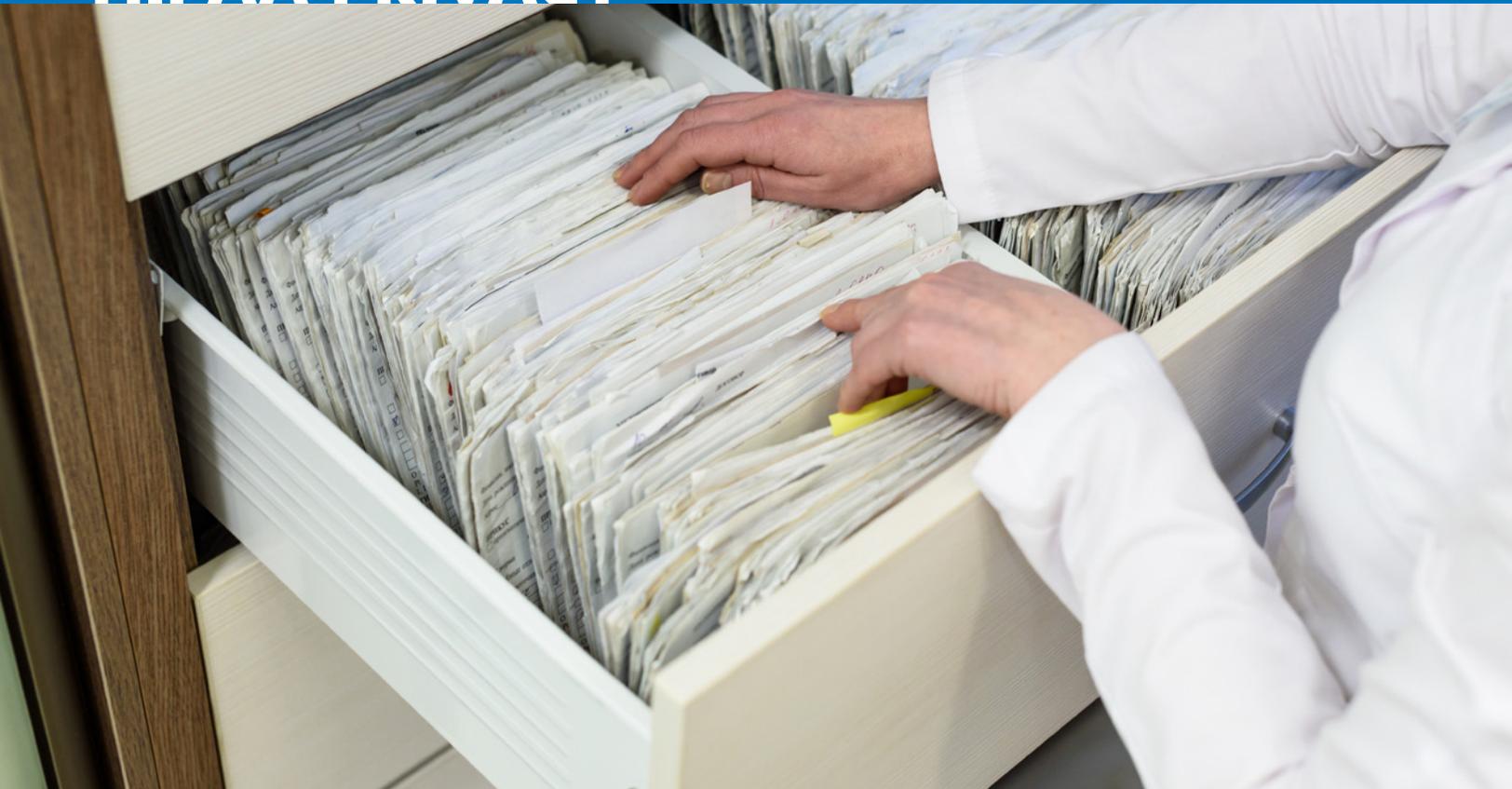
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HIPAA PRIVACY



THE HIPAA PRIVACY RULE'S RIGHT OF ACCESS

One of the key goals of The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is to ensure patients have the ability to access their protected health information (PHI) in a timely manner and in the format most convenient for them. Some providers have implemented electronic health record systems that offer patients the ability to view and download their health records at any time. However, patients do not always take advantage of that option. Some would rather have a hardcopy of their records, or certain records might not be stored electronically. In these cases, a patient will submit a request for a copy of their health records.

HIPAA requires a provider to respond to a request from a patient for their health records (with some exceptions, like psychotherapy notes) as quickly as possible. The provider has up to 30 days to respond to the request, but The U.S. Department of Health & Human Services (HHS) strongly encourages providers to respond sooner, especially if the information is already in electronic format. An extension of 30 additional days is permitted, but the patient must be given written notice of the extension along with the reason for the extension within the first 30 days. Some state laws require requests to be addressed in a shorter period of time.

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HIPAA PRIVACY

A provider cannot refuse a patient's request to send health records to them via unencrypted email if the patient has been informed of and has accepted the risk associated with the unencrypted transmission of their health record. The provider's access request form should include an area where the patient can acknowledge that they accept the risk of having their records sent via unencrypted email.

Last year, HHS launched an initiative to "vigorously enforce the rights of patients to get access to their medical records promptly, without being overcharged, and in the readily producible format of their choice." Since then, the HHS Office for Civil Rights (OCR) has settled 2 cases regarding a patient's right to access health records. The most recent one was in December 2019. A penalty of \$85,000 and a 1-year corrective action plan were imposed by the OCR. The first enforcement action was in September 2019 under the same terms. The decision emphasized, "This right to patient records extends to parents who seek medical information about their minor children." It is hard to say whether that will be the OCR's standard enforcement arrangement, but history shows that generally, penalties have been decided on a case by case basis.

A reasonable, cost-based fee can be assessed, but HHS encourages providers to give records (especially if in electronic format) to patients at no cost when possible. It is important to note, though, that a patient does not lose their right to access their health record even if they have an outstanding balance with a provider. The fundamental point is clear: a patient's access to their health record may not be obstructed or delayed by a provider, so it is important to be diligent and address a patient's request as soon as possible.

IT'S YOUR CALL

OSHA:

When are people most contagious with flu?

HIPAA:

Our company conducted an audit recently and found issues with user passwords. What is the best way to improve password security?

[CLICK HERE FOR ANSWERS](#)

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INSTRUCTIONS

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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