ColumbiaDoctors:
2018 HIM and Compliance Update

ColumbiaDoctors HIM Team
CUIMC HIPAA Privacy Office

ColumbiaDoctors
The Physicians and Surgeons of Columbia University

Agenda

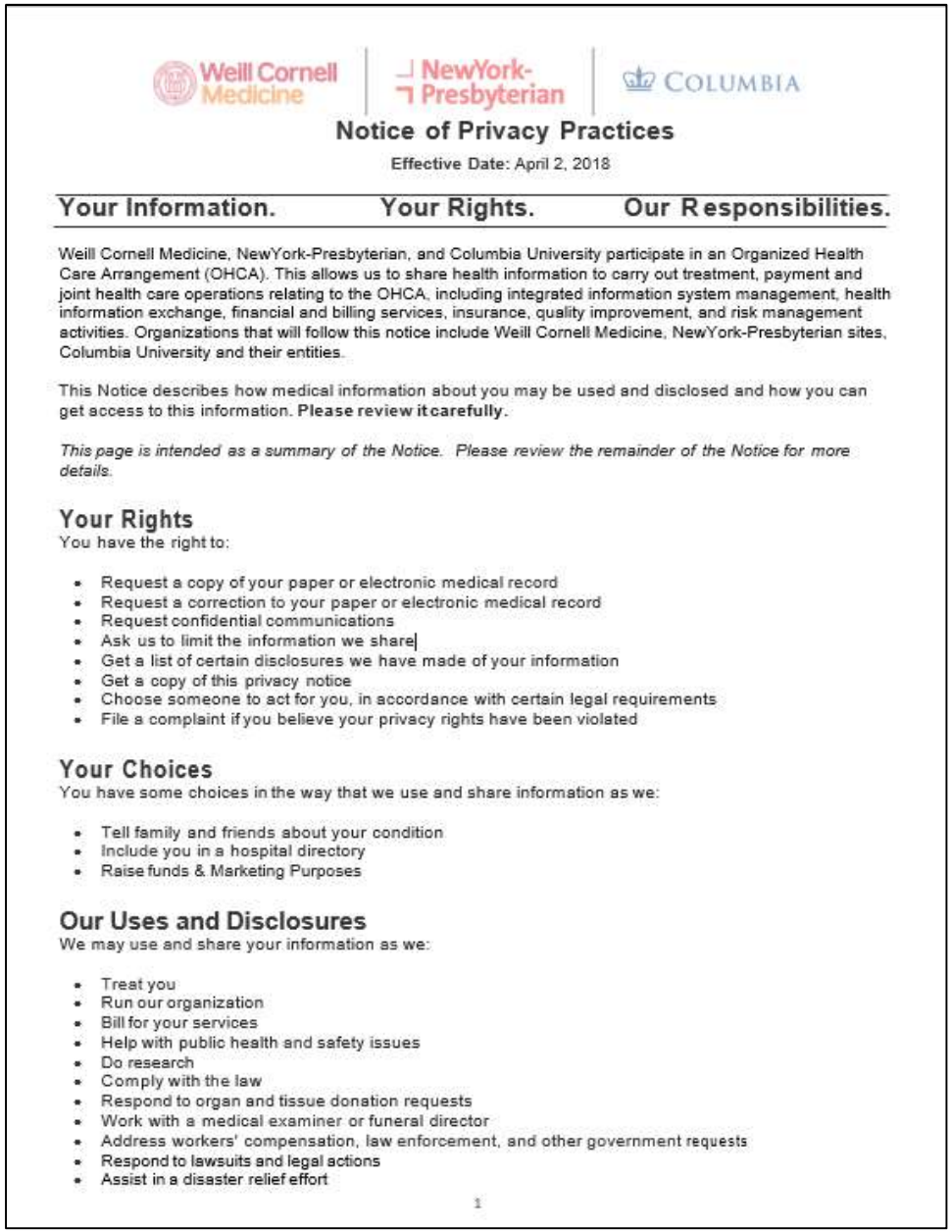
- Revised Notice of Privacy Practices (NOPP)
- Revised *Authorization to Release Information* form
- Updated faxing policy
- Updated scan policy and training
- Duplicate and commingled charts update
- New and improved eSAF process for CROWN access
- Updated CROWN Support contact information

Revised Notice of Privacy Practices

Background

- Notice of Privacy Practices – aka the Notice, NOPP, NPP, Privacy Form, the HIPAA, the etc.
  - Provides a clear, user friendly explanation of rights with respect to protected health information (PHI) and the **privacy practices** of health care providers
- Moving to integrated electronic health record (Epic)
  - Collaboration with NYP and Weill Cornell Medicine - OHCA
  - Consistent forms
- New language on information sharing
  - Organized Health Care Arrangement (OHCA) / Joint Operating Agreement
- Reduce paper burden

Revised Notice of Privacy Practices



Weill Cornell Medicine | NewYork-Presbyterian | COLUMBIA

Notice of Privacy Practices

Effective Date: April 2, 2018

Your Information. Your Rights. Our Responsibilities.

Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University participate in an Organized Health Care Arrangement (OHCA). This allows us to share health information to carry out treatment, payment and joint health care operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Weill Cornell Medicine, NewYork-Presbyterian sites, Columbia University and their entities.

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This page is intended as a summary of the Notice. Please review the remainder of the Notice for more details.

Your Rights

You have the right to:

- Request a copy of your paper or electronic medical record
- Request a correction to your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of certain disclosures we have made of your information
- Get a copy of this privacy notice
- Choose someone to act for you, in accordance with certain legal requirements
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Include you in a hospital directory
- Raise funds & Marketing Purposes

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Assist in a disaster relief effort

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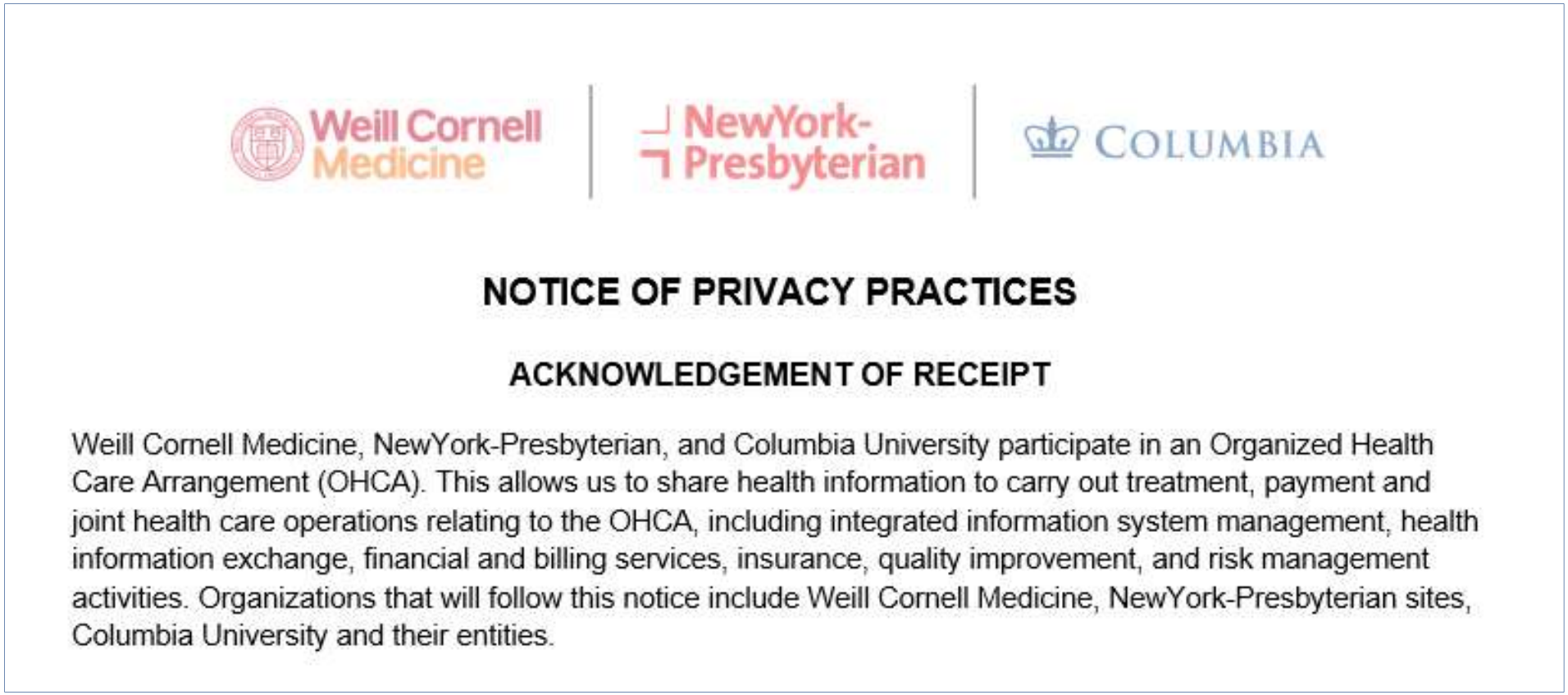
ColumbiaDoctors
The Physicians and Surgeons of Columbia University

Revised Notice of Privacy Practices



Weill Cornell Medicine | NewYork-Presbyterian | COLUMBIA

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

Weill Cornell Medicine, NewYork-Presbyterian, and Columbia University participate in an Organized Health Care Arrangement (OHCA). This allows us to share health information to carry out treatment, payment and joint health care operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Weill Cornell Medicine, NewYork-Presbyterian sites, Columbia University and their entities.

*** Standard intake form also acceptable, in lieu of signed acknowledgement form**

Revised Notice of Privacy Practices

Notice of Privacy Practices
Frequently Asked Questions

ColumbiaDoctors

ColumbiaDoctors is providing all of our patients with an updated copy of our Notice of Privacy Practices. The privacy rights established under the Health Information Portability and Accountability Act (HIPAA) require that we provide our patients with a new copy of the notice whenever it is updated. The new notice informs our patients about our relationship with NewYork-Presbyterian and Weill Cornell Medicine.

1. **Why am I receiving the Notice of Privacy Practices again?**
   ColumbiaDoctors has updated our Notice of Privacy Practices and we are required to provide you with the version whenever any changes are made.

2. **Why was the Notice of Privacy Practices updated?**
   The Notice of Privacy Practices was updated to inform patients about our relationship with NewYork-Presbyterian and Weill Cornell Medicine. Although Columbia has had a longstanding relationship with these organizations, historically we provided our patients with individual Notices of Privacy Practices. The three institutions decided that we should make our relationship clear to our patients.

3. **Is there anything different about the Notice of Privacy Practices?**
   The Notice of Privacy of Practices follows all of the requirements set forth in the HIPAA rule. That portion has not changed. However, the contact information for all three organizations, ColumbiaDoctors, NewYork-Presbyterian, and Weill Cornell Medicine, now appears in the notice.

4. **What if I refuse to sign the Acknowledgement Form?**
   The HIPAA Privacy Rule requires us to provide you with a copy of our Notice of Privacy Practices. You are not required to sign the acknowledgement form. However, by signing the form, all of your other healthcare providers will know that you have already received the notice.

5. **Why does ColumbiaDoctors need to share my information with NewYork-Presbyterian or Weill Cornell Medicine?**
   Our goal is to provide the most coordinated care possible and sharing health information helps us to do that. For example, when one of our Columbia doctors orders an x-ray or a blood test, these tests are done at NewYork-Presbyterian. NewYork-Presbyterian then shares the results from the tests with the doctor that ordered the test. In this way, we are able to provide more seamless care through sharing of information.

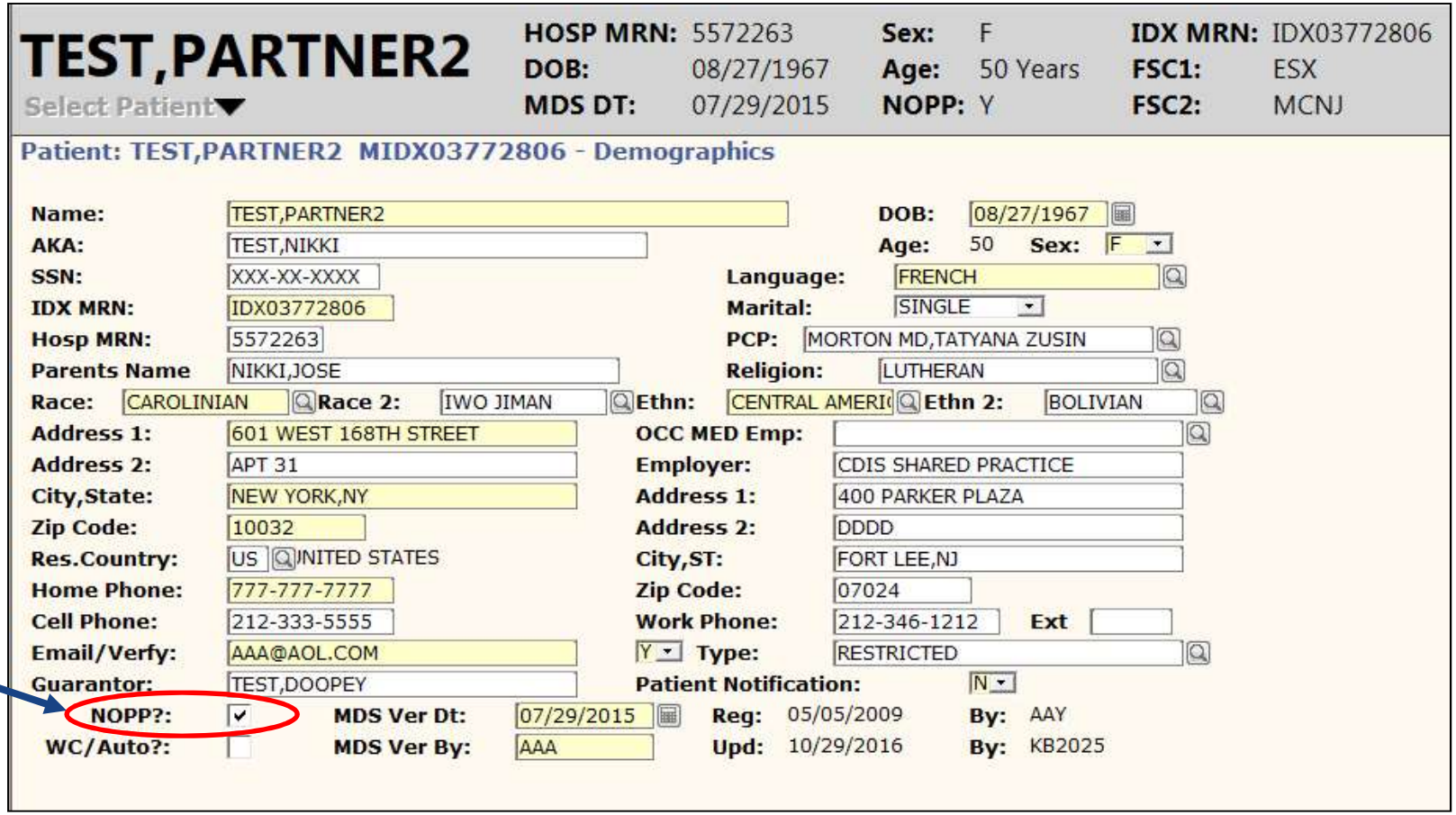
6. **Who can I contact if I have questions?**
   Contact our Privacy Officer at HIPAA@columbia.edu or 212-305-7315.

Need help? E-mail HIPAA@columbia.edu.

Revised Notice of Privacy Practices

What You Need to Know

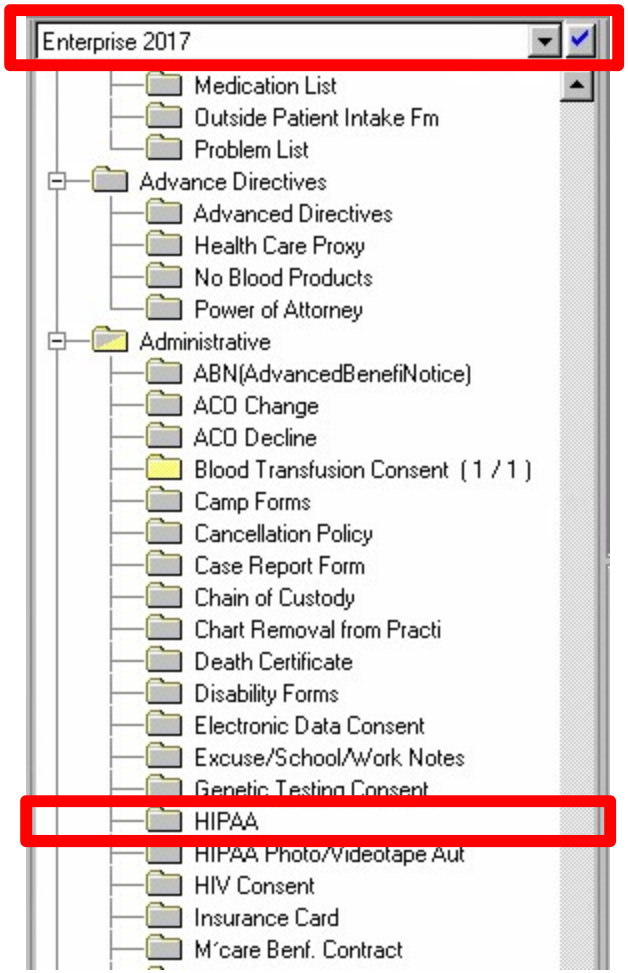
- Revised NOPP to all patients (once)
  - Please verify if NOPP was given by checking IDX when checking in patient
  - If date is before 4/24/2018, then give revised NOPP



Revised Notice of Privacy Practices

What You Need to Know

- Scan signed NOPP Acknowledgement into Enterprise 2017 HIPAA folder
- If a current revised and signed acknowledgement form is already there, no need to scan again



Revised NOPP & NOPP FAQ's

Where to Find/Get Them

- CUIMC Office of HIPAA Compliance website
  - www.hipaa.cumc.columbia.edu
  - Go to Patient Forms (available in Spanish and English)
- Order from Columbia's Print Services at printing@columbia.edu
  - Also available NOPP Poster and Acknowledgement Forms
  - Each site should appropriately laminate and display an updated NOPP poster in their lobby/waiting area

Revised Authorization to Release PHI

Background

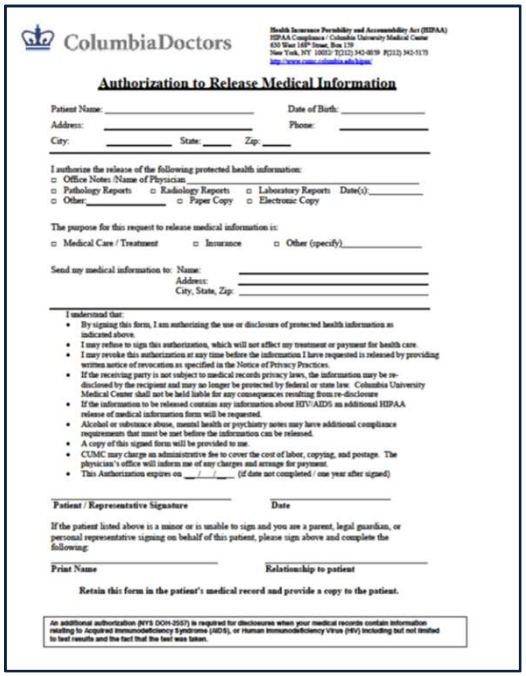
- Authorization to Release Protected Health Information (PHI) – aka the Authorization, the Release form, Record Request form, the Auth form, the HIPAA, etc.
  - Written authorization to release PHI completed by patient or designated representative (in some cases, must have supporting documentation – see Medical Record Request FAQs on ColumbiaDoctors HIM Intranet site)
- Moving to integrated electronic health record (Epic)
  - Collaboration with NYP and Weill Cornell Medicine
  - Consistent forms
- Moving to shared record release process

Revised Authorization to Release PHI

What You Need to Know

- Revised Authorization to Release PHI Form
  - Used when PHI is to be released, please do not include in welcome packet
  - As per Columbia policy, *Authorization to Disclose Patient Information*, Authorization to Release Form should be completed whenever we are releasing patient information, except when:
    - The Privacy Regulation specifically states that a covered entity "is permitted to use or disclose protected health information" for "treatment, payment, or health care operations," without patient consent. – **safer to have consent**
  - Can be used at the hospital, provider practices, lab, radiology, etc.
  - **Only valid if legible and complete**

Revised Authorization to Release PHI



ColumbiaDoctors

Health Insurance Portability and Accountability Act (HIPAA)
HIPAA Compliance / Columbia University Medical Center
630 West 168th Street, Box 139
New York, NY 10032 P(212) 342-0859 F(212) 342-5173

Authorization to Release Medical Information

Patient Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ State: ____ Zip: ____

I authorize the release of the following protected health information:
□ Office Notes /Name of Physician _____
□ Pathology Reports □ Radiology Reports □ Laboratory Reports Date(s):_____
□ Other:_____ □ Paper Copy □ Electronic Copy

The purpose for this request to release medical information is:
□ Medical Care / Treatment □ Insurance □ Other (specify)_____

Send my medical information to: Name: _____
Address: _____
City, State, Zip: _____

I understand that:
- By signing this form, I am authorizing the use or disclosure of protected health information as indicated above.
- I may refuse to sign this authorization, which will not affect my treatment or payment for health care.
- I may revoke this authorization at any time before the information I have requested is released by providing written notice of revocation as specified in the Notice of Privacy Practices.
- If the receiving party is not subject to medical records privacy laws, the information may be re-disclosed by the recipient and may no longer be protected by federal or state law. Columbia University Medical Center shall not be held liable for any consequences resulting from re-disclosure
- If the information to be released contains any information about HIV/AIDS an additional HIPAA release of medical information form will be requested.
- Alcohol or substance abuse, mental health or psychiatry notes may have additional compliance requirements that must be met before the information can be released.
- A copy of this signed form will be provided to me.
- CUMC may charge an administrative fee to cover the cost of labor, copying, and postage. The physician's office will inform me of any charges and arrange for payment.
- This Authorization expires on __/__/__ (if date not completed / one year after signed)

_____ _____
Patient / Representative Signature Date

If the patient listed above is a minor or is unable to sign and you are a parent, legal guardian, or personal representative signing on behalf of this patient, please sign above and complete the following:

_____ _____
Print Name Relationship to patient

Retain this form in the patient's medical record and provide a copy to the patient.

An additional authorization (NYS DOH-2557) is required for disclosures when your medical records contain information relating to Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV) including but not limited to test results and the fact that the test was taken.

Authorization to Release Information Form

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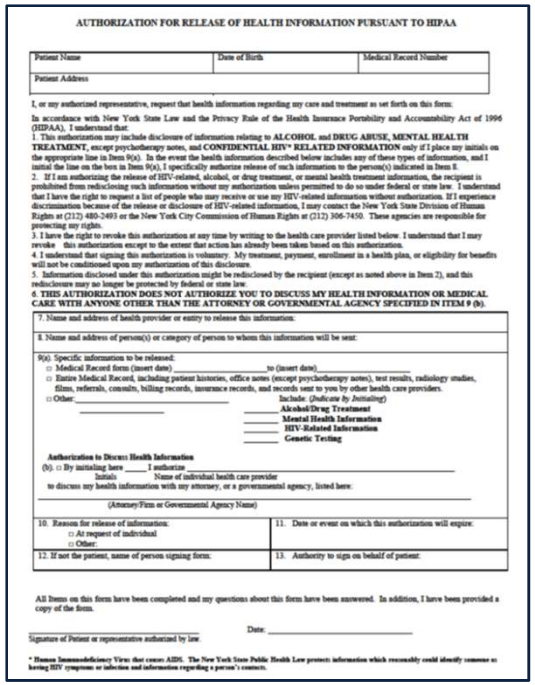

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name	Date of Birth	Medical Record Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol, or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:
□ Medical Record form (insert date) _____ to (insert date)_____
□ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
□ Other:_____ Include: (*Indicate by Initialing*)
_____ _____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**
_____ **Genetic Testing**

Authorization to Discuss Health Information
(b). □ By initialing here _____ I authorize _____
Initials Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:
_____
(Attorney/Firm or Governmental Agency Name)

10. Reason for release of information: □ At request of individual □ Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All Items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____
Signature of Patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Legal Request Form

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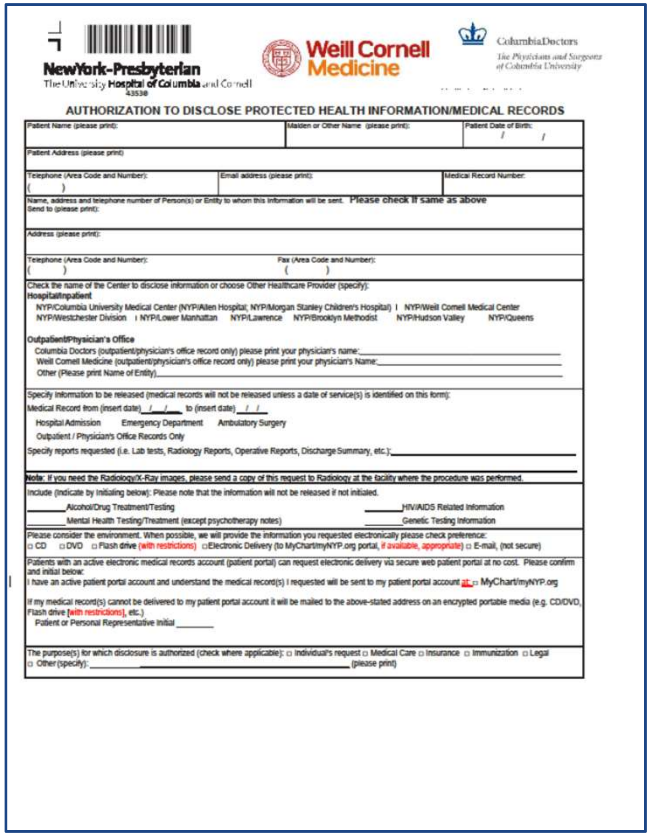
Tripartite Form



NewYork-Presbyterian
The University Hospital of Columbia and Cornell
43530

Weill Cornell Medicine

ColumbiaDoctors
The Physicians and Surgeons of Columbia University

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION/MEDICAL RECORDS

Patient Name (please print): | Maiden or Other Name (please print): | Patient Date of Birth: / /

Patient Address (please print)

Telephone (Area Code and Number): ( ) | Email address (please print): | Medical Record Number:

Name, address and telephone number of Person(s) or Entity to whom this information will be sent. Please check if same as above
Send to (please print):

Address (please print):

Telephone (Area Code and Number): ( ) Fax (Area Code and Number): ( )

Check the name of the Center to disclose information or choose Other Healthcare Provider (specify):
Hospital/Inpatient
NYP/Columbia University Medical Center (NYP/Allen Hospital, NYP/Morgan Stanley Children's Hospital) | NYP/Weill Cornell Medical Center
NYP/Westchester Division | NYP/Lower Manhattan NYP/Lawrence NYP/Brooklyn Methodist NYP/Hudson Valley NYP/Queens

Outpatient/Physician's Office
Columbia Doctors (outpatient/physician's office record only) please print your physician's name:_____
Weill Cornell Medicine (outpatient/physician's office record only) please print your physician's Name:_____
Other (Please print Name of Entity)_____

Specify information to be released (medical records will not be released unless a date of service(s) is identified on this form):
Medical Record from (insert date) __/__/__ to (insert date) __/__/__
Hospital Admission Emergency Department Ambulatory Surgery
Outpatient / Physician's Office Records Only
Specify reports requested (i.e. Lab tests, Radiology Reports, Operative Reports, Discharge Summary, etc.):_____

Note: If you need the Radiology/X-Ray images, please send a copy of this request to Radiology at the facility where the procedure was performed.

Include (indicate by Initialing below): Please note that the information will not be released if not initialed.
_____Alcohol/Drug Treatment/Testing _____HIV/AIDS Related Information
_____Mental Health Testing/Treatment (except psychotherapy notes) _____Genetic Testing Information

Please consider the environment. When possible, we will provide the information you requested electronically please check preference:
□ CD □ DVD □ Flash drive (with restrictions) □ Electronic Delivery (to MyChart/myNYP.org portal, if available, appropriate) □ E-mail, (not secure)

Patients with an active electronic medical records account (patient portal) can request electronic delivery via secure web patient portal at no cost. Please confirm and initial below:
I have an active patient portal account and understand the medical record(s) I requested will be sent to my patient portal account at □ MyChart/myNYP.org

If my medical record(s) cannot be delivered to my patient portal account it will be mailed to the above-stated address on an encrypted portable media (e.g. CD/DVD, Flash drive (with restrictions), etc.)
Patient or Personal Representative Initial _____

The purpose(s) for which disclosure is authorized (check where applicable): □ Individual's request □ Medical Care □ Insurance □ Immunization □ Legal
□ Other (specify): _____ (please print)

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Revised NOPP and Authorization to Release PHI Forms

Start distributing April 24th, 2018

Where to Find/Get Them

- CUIMC Office of HIPAA Compliance website
  - www.hipaa.cumc.columbia.edu
  - Go to Patient Forms (available in Spanish and English)
- Order from Columbia's Print Services at printing@columbia.edu
  - Also available NOPP Poster and Acknowledgement Forms
    - Each site should appropriately laminate and display an updated NOPP poster in their lobby/waiting area
  - **Buy in bulk, avoid making copies**

Update to Fax Policy

Background

- Office of Civil Rights (OCR) Near Miss
  - HIPAA Police – incident where records were inadvertently faxed to patient's place of employment containing sensitive information. Root cause of the near miss was an illegible and inappropriately filled authorization form
- Faxing originally invented in 1842 – old technology
- Faxing least secure method of transmitting PHI
- Not well tracked and auditable

Update to Fax Policy

What You Need to Know

- When faxing, you should confirm the fax recipient / fax number
- Always use a cover sheet
- Always indicate the number of pages being transmitted
- Avoid sending sensitive patient information via fax, use a more secure method (e.g., encrypted email, etc.)
- If a fax was inadvertently sent to a wrong recipient:
  - Immediately contact the HIPAA Privacy Office at 212-305-7315; and,
  - Enter a ticket on the Healthcare SafetyZone Portal (the ColumbiaDoctors event and patient safety reporting tool)
  - For SafetyZone access contact Danielle Denaker at 212-305-9957
- Periodically validate programed fax numbers

Update to CROWN Scan Policy & Training

Background

- CROWN Scanning Purpose
  - Create a standardized process to accurately scan and index all documents (generated or created outside of CROWN)
- CROWN Scanning Policy
  - Ensures complete medical record
  - Captures clinical and administrative information not generated or interfaced with CROWN (e.g., outside medical records, reports from a lab not connected to CROWN, patient completed documents, downtime forms, etc.)

Update to CROWN Scan Policy & Training

What You Need to Know

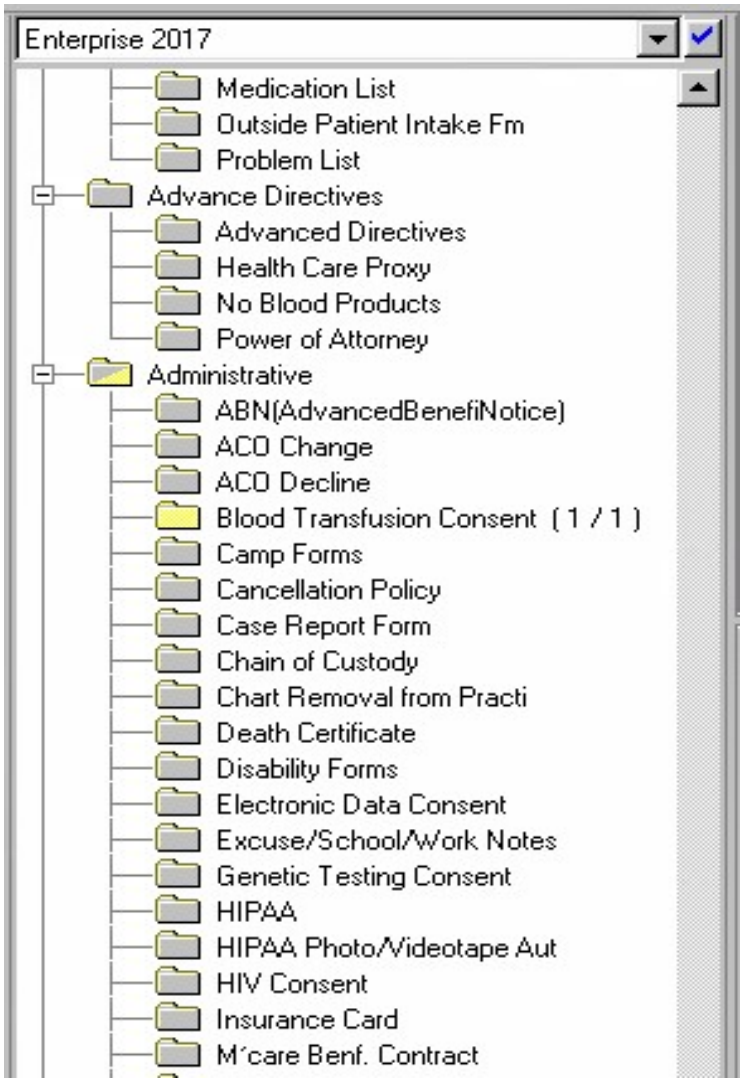
- Use Enterprise 2017 Chart Group for all standard document types
- Select scan documents now going to FollowMyHealth patient portal
  - For example, outside labs, outside radiology, camp or school forms/letters, return to work forms/letters
  - Do not put sensitive reports in Outside Lab or Outside Radiology folders
  - As always ensure correct patient and correct folder when scanning
- Batch basket clean up – 30 day limit
- Importing documents now available to all scan users
  - Replaces workflow of printing electronic file and then scanning into CROWN
- CROWN Scan Job Aides and Training videos available

Update to CROWN Scan Policy & Training

Enterprise 2017 Chart Group

Please use Enterprise 2017 chart group for all common documents

Use department specific chart group for specialty specific documentation



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Duplicate and Commingled Charts Update

Background

- Master Patient Index (MPI) - “Backbone” of EHRs & Data Exchange
- Implications on:
  - Patient care/patient safety
  - Legal/compliance
  - Revenue cycle/accurate billing & reimbursement
  - Data quality/reporting
  - Population health/predictive modeling
  - Reduced productivity/costly cleanups
- Commingled/Overlays - intermingling of two patients’ medical chart
- Duplicate medical records - more than 1 record for the same patient

Duplicate and Commingled Charts Update

Background

Algorithms – Not Perfect

Records that ***seem*** to match

Resulting error: false positive (commingle)
2 records linked under 1 MRN or EMPI
Highest Risk

Records that ***should*** match

Resulting error: false negative (duplicate)
2 MRNs created for 1 patient

Duplicate and Commingled Charts

What You Need to Know

- Conduct partial name searches (3,3 rule)
- Flag/identify patients who are twins, triplets, etc.
- Do not change demographic information
  - Be mindful of changing name, date of birth or gender/sex
  - When in doubt create a new chart
- Enter commingled charts in Healthcare SafetyZone and notify ColumbiaDoctors HIM
- For duplicate records contact NYP EMPI Team at:
  - MRNHelp@NYP.org
  - For more immediate service call 212-746-0505

New eSAF Process for CROWN Access

Background

- Confusing process/ layout for eSAF submitters
  - Submitter selected training determined what type of access user received
  - eSAF submitters and approvers did not line up

- CROWN reports are based off user information collected from eSAF

- Free text fields allow for inconsistent data, e.g. different spelling of department names resulting in multiple departments (e.g. Orthopedic Surgery, Orthopeadic Surgery, Orthopeadics Surgery)

New eSAF Process for CROWN Access

What You Need to Know

- New eSAF effective 4/24/2018
- Option to submit CROWN access for new users, update/change users access, or reactivate users access
- Identified CROWN roles, with information about who should receive that specific type of access
- Drop down options reduce the variability of free text inconsistencies
- Reduces the time it takes for the user to receive CROWN access
  - All information needs to be included/attached prior to submitting eSAF
  - Streamlined process for eSAF approvers

Updated CROWN Support Contact

Prior State:

- Call - 212-305-4357, select option 4
  - 5HELP Medical Center Support Line
- Servicedesk@nyp.org
  - General email where all tickets are sent to

Current State:

- Call - 212-746-4357, select option 6
  - NYP Service Desk
- Email to crownsupport@nyp.org
  - Request/ticket goes specifically to CROWN Tier 1 support

Jeopardy – Learning Review

https://jeopardylabs.com/play/columbiadoctors-him-and-compliance-update-2018

Contacts

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Rafaela Rodriguez
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RR3179@cumc.columbia.edu
212-305-3742 – Office
646-983-7915 – Cell

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212-342-0059 – Office

Thank you for attending!

ColumbiaDoctors:
2018 HIM and Compliance Update

Presented by:
ColumbiaDoctors HIM Team
CUIMC HIPAA Privacy Office

ColumbiaDoctors
The Physicians and Surgeons of Columbia University