

Dakota County HIPAA Impact Survey

The federal **Health Insurance Portability and Accountability Act (HIPAA)** includes new standards for Codes and Transactions, Privacy and Security of health care data. HIPAA was passed by Congress in part to protect personal health care information from being inappropriately disclosed. New HIPAA regulations may affect how you and your coworkers share, store, accept, and transmit health information for your clients and recipients and also for all Dakota County employees.

Why do I have to complete a survey?

Dakota County operates as both a health care provider and a payer, so we must comply with HIPAA. Even if your department is not directly impacted by this health care legislation, the laws require us to conduct a survey of all departments to document where in the organization the new rules will impact the way we conduct our business.

This initial survey will determine our next steps toward full compliance. If the survey tells us that health information exists in your area, there will be a more in-depth survey of your department to determine who has access to the information, how it flows into and out of your area, who requests the data, what format(s) are used to disclose or pass on the data, and what policies, authorizations and contracts are needed to keep protected health information private.

Employees from every area of Dakota County will be completing this survey. If you are receiving this request, you have been chosen to represent your job function area and are required to comply. When possible, you should be able to complete the survey online. If you do not have the necessary access, a paper copy of the survey will be attached to this request.

What do you want to know from me?

Since HIPAA deals with health information, that is our primary focus. However, as you take the survey, think broadly and carefully about any possible exposure to or access to health information that you may have. Beyond the more obvious health care involvement in Public Health and Medical Assistance, keep in mind your exposure to employee health information, injury and safety information, coroner's reports, and other things that are considered health care. When in doubt, mention it to us so we can make sure we are considering all possible health care issues.

How much time do I have to complete this survey?

All surveys must be completed by October 11th, 2002. If you have a paper copy, please return your completed survey via intercompany mail to Valerie Ruedy in Information Technology (Admin. building) in Hastings. If you have any questions or issues with this survey, please contact Val at extension 8426.

Thank you in advance for your time and effort to complete this survey. It should take no more than 10 - 20 minutes of your time.

Sincere thanks,
Dakota County HIPAA Steering Committee

Dakota County HIPAA Impact Survey

Name: _____

Job Title: _____

Are you a Dakota County employer or contractor?

Employee Contractor

What department of Dakota County do you work in?

What is PHI?

In this HIPAA Impact Survey, we are mainly concerned with Personal Health Information, which we will refer to as PHI throughout the survey?

Many Dakota County employees see, hear, talk about, share, or have access to client/recipient or even employee personal health information as part of their jobs. Personal Health Information we are talking about in this survey includes any and all information that identifies a specific person as being eligible for, enrolled in, or being or having been the recipient of health care services or assessments. It is important to remember that personal health information includes all forms of electronic, written, and even spoken information about health care.

Here are several examples of what we mean by PHI, or Personal Health Information, that should help you recall where you encounter PHI in your job:

Authorizations and referrals	Enrollment, disenrollment information
Background checks	First report of injury
Birth and death certificates	Health membership ID cards
Behavior rating scales	Health care discussion in committees
Billing and payment for health services	Health plan records
Cancer Registry Listings	Human services fee waivers
Case management	Immunization registries
Chemical health treatment, notes	Lab tests and data
Child care subsidy information	Medical and dental charts
Claims and claim attachments	Medication administration
Collections for health services	Mental health treatment, notes
Coroner's reports	Nursing notes and logs
Diagnoses or treatment plans	Pathology reports
Dietary needs, restrictions	Psychological testing, records
Discharge summary	Therapy or other treatment plans
Doctor's orders or notes	X-ray films
Eligibility information	

Please identify all activities that you perform at Dakota County that MAY cause you to see, hear, or have access to PHI about clients, recipients, or employees. (check ALL that apply)

<input type="checkbox"/> Adoptions or Foster Care	<input type="checkbox"/> Health services billing
<input type="checkbox"/> Application support & maintenance	<input type="checkbox"/> Health services collection
<input type="checkbox"/> Authorizations or referrals	<input type="checkbox"/> Handling of mail and/or faxes
<input type="checkbox"/> Case management	<input type="checkbox"/> Help desk
<input type="checkbox"/> Claim adjudication, management	<input type="checkbox"/> Intake
<input type="checkbox"/> Claim or records auditing	<input type="checkbox"/> Level of care determinations
<input type="checkbox"/> Committee work	<input type="checkbox"/> Maltreatment investigations
<input type="checkbox"/> Coordination of benefits	<input type="checkbox"/> Outreach activities
<input type="checkbox"/> Data analysis or reporting	<input type="checkbox"/> Provider review
<input type="checkbox"/> Data entry	<input type="checkbox"/> Quality management
<input type="checkbox"/> Disability inquiry, determinations	<input type="checkbox"/> Therapy or treatment sessions
<input type="checkbox"/> Disclosure to employers	<input type="checkbox"/> Third party liability
<input type="checkbox"/> Eligibility inquiry, determinations	<input type="checkbox"/> Treatment planning or review
<input type="checkbox"/> Enrollment or disenrollment	<input type="checkbox"/> Utilization management
<input type="checkbox"/> Filing, filming, scanning, copying	<input type="checkbox"/> None
<input type="checkbox"/> Health contract management	<input type="checkbox"/> Other

Please tell us how often you see, hear, talk about, or have access to PHI in your job by choosing the most appropriate response below.

<input type="checkbox"/> On a daily basis as part of my usual job duties.
<input type="checkbox"/> Sometimes, but not on a daily basis.
<input type="checkbox"/> Occasionally
<input type="checkbox"/> Rarely
<input type="checkbox"/> Never
<input type="checkbox"/> I'm not sure about my exposure to PHI.

**I see, hear, talk about or have access to PHI through contact with:
(check ALL that apply)**

<input type="checkbox"/> Agencies that analyze our data	<input type="checkbox"/> Injury reports
<input type="checkbox"/> Applicants for licenses we issue	<input type="checkbox"/> Insurance companies
<input type="checkbox"/> Background checks	<input type="checkbox"/> Law enforcement or the courts
<input type="checkbox"/> Billing or payment agencies	<input type="checkbox"/> Other counties
<input type="checkbox"/> Client databases (diet, banking, etc.)	<input type="checkbox"/> Other departments in my county
<input type="checkbox"/> Clients or their representatives	<input type="checkbox"/> Oversight and audit agencies
<input type="checkbox"/> Collection agencies	<input type="checkbox"/> Pharmacies
<input type="checkbox"/> Compliance agencies	<input type="checkbox"/> State or federal agencies
<input type="checkbox"/> Contractors or grantees	<input type="checkbox"/> Within my own department
<input type="checkbox"/> Coroner's reports	<input type="checkbox"/> I'm not sure
<input type="checkbox"/> Employee files	<input type="checkbox"/> None
<input type="checkbox"/> Employers	<input type="checkbox"/> Other
<input type="checkbox"/> Health care providers	_____

**What are the WAYS you come into contact with PHI at work?
(check ALL that apply)**

<input type="checkbox"/> I have access to databases, computers or other electronic files containing PHI.
<input type="checkbox"/> I view or have access to reports or other paperwork containing PHI.
<input type="checkbox"/> I view or have access to PHI about program or benefit eligibility.
<input type="checkbox"/> I have access to files about clients, recipients, or employees and their PHI.
<input type="checkbox"/> I make or receive phone calls concerning PHI or health care eligibility.
<input type="checkbox"/> I receive or have access to faxes that may contain PHI.
<input type="checkbox"/> I receive or have access to emails that may contain PHI.
<input type="checkbox"/> I hear conversations or talk with others about PHI as part of my job.
<input type="checkbox"/> I see PHI in an office, hospital room, or desk (in a file, chart, report, trash bin, etc.)
<input type="checkbox"/> I am not sure about my interaction with PHI at work.
<input type="checkbox"/> I never see, hear, talk about, discuss or have access to PHI.

Please identify all individuals or organizations outside of Dakota County with whom you view, send, transmit, receive, discuss, or in any way share PHI about clients, recipients, or employees. (check ALL that apply)

- Contractors
- Coroners
- Courts
- Family members of clients or recipients
- Federal agencies or tribal governments
- Foster parents
- Health care providers and aides
- Individual clients or recipients
- Insurance companies
- Other counties
- Private social service agencies
- Schools
- State agencies
- Other (please describe): _____

Please identify all sources of PHI about Dakota County Employees you see, hear, talk about or have access to in your work (check ALL that apply)

- Americans with Disabilities Act
- Background checks or fitness for duty
- Enforcement of collective bargaining agreements
- Family Medical Leave Act
- First Report of Injury
- Physician or medical professional notes
- Retirement
- Short term or long term disability
- Terms of contract
- Worker's compensation
- Other (please describe): _____

Does your department have written policies and procedures in place that address the handling of PHI or personal health information?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I don't know

Please explain any access to or use of PHI at Dakota County that has not already been identified in previous questions. Remember to include exposure outside of your normal job duties, such as work with multi-disciplinary committee, the Safety Committee, or the Bioterrorism Committee.

**Do you have any concerns about how PHI is handled by Dakota County or by anyone outside of the county that you encounter through your work?
(If yes, you will be contacted for a personal interview)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

**THANK YOU FOR TAKING THIS SURVEY!
the HIPAA Steering Committee at Dakota County**