Maintaining confidentiality is an integral part of nursing practice. Federal regulations guide the scope of practice of health care workers to safeguard protected health information (PHI) through the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA). Protected Health Information is defined by Health and Human Services to mean demographic and health information that makes the individual identifiable. This information includes but is not limited to names, addresses, date of birth, social security or medical records numbers. This includes all demographic data that is related to the person’s physical or mental health, and/or the provision or payment regarding provision of care (past, present or future). The Decker School of Nursing provides competency training for HIPAA to ensure the student is well versed with these regulations and the required behaviors necessary to ensure compliance. This policy outlines the corrective action for each level of a potential HIPAA violation, which could culminate in dismissal from the Decker School of Nursing. Maintaining HIPAA standards will be a clinical objective and evaluated with each course.

Affiliating agencies who collaborate with the Decker School of Nursing maintain their own HIPAA standards to which students must adhere. These policies supersede Decker School of Nursing policies. A HIPAA violation may mean dismissal from a clinical site and could impede placement at other clinical sites, which may prevent meeting requirements for graduation from the Decker School of Nursing. Any student violations requiring legal representation will be at the expense of the student.

The following guidelines are to be followed by students and faculty at the Decker School of Nursing:

1. Maintain confidentiality by only sharing PHI with those who are considered individuals who need to know
2. When you need to discuss PHI, hold conversations in private areas where others cannot hear the conversation.
3. Shred PHI which is no longer necessary to maintain in approved shredding bins, if shredding bins are not available, destroy the document before disposal.
4. Do not use patient names, date of birth, medical record number or social security numbers on Decker School of Nursing databases, papers or written assignments.
5. Do not share PHI with family members, peers or those individuals who are not directly involved with care of the patient.
6. Information shared during the clinical day and pre/post conference is not to be shared outside of the conference area.
7. Students may not leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard-drive.
8. PHI is not to be left open in public areas.
9. PHI is not to leave the clinical site.
10. Computer screens and electronic health records with PHI are not to be left unattended, students are expected to log out before leaving the workstation.
11. Students are not allowed to share their personal login or password information.
The following is a guide to corrective actions related to concerns with HIPAA

<table>
<thead>
<tr>
<th>Type of Violation</th>
<th>Examples of Violations</th>
<th>Process</th>
<th>Corrective Action and Notifications</th>
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<tbody>
<tr>
<td>I. Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information. For example, sending/faxing information to an incorrect address.</td>
<td>• Misdirected faxes, e-mails &amp; mail. • Failing to log-off or close or secure a computer with protected PHI displayed. • Leaving copy of PHI in a non-secure area. • Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator). • Failing to redact or de-identify patient information • Transmission of PHI using an unsecured method. • Leaving detailed PHI on an answering machine. Improper disposal of PHI.</td>
<td>Discussion between instructor and student.</td>
<td>- Re-education and/or process improvement. - Verbal or written communication between instructor and student - May be reflected on student evaluation - faculty of record will be notified of incident - written documentation will be placed in student advising file.</td>
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<tr>
<td>II. Failure to follow existing policies/procedures governing patient confidentiality. For example, talking about patients in areas where others might hear, failure to obtain appropriate consent to release information, or failure to fulfill training requirements.</td>
<td>• Requesting another individual to inappropriately access patient information. • Inappropriate sharing of ID/password with another coworker or encouraging coworker to share ID/password. • Failure to secure data on mobile devices through encryption/password.</td>
<td>Discussion between instructor and student.</td>
<td>- Re-education and/or process improvement. - Verbal and written (note in advising file) learning contract between instructor and student. - Documentation will be included in student evaluation. - faculty of record will be notified of incident - written documentation will be placed in student advising file.</td>
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<tr>
<td>III. Repeat Offense of Type I or II Violation.</td>
<td></td>
<td>Discussion between instructor and student.</td>
<td>May include Re-education and learning contract; to disciplinary sanctions such as: 1) Removal from clinical site; or 2) Probation or other disciplinary action. - Verbal and written learning contract between instructor, student, and appropriate Program Director - Documentation will be included in student evaluation. May result in failure of the course.</td>
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</table>
| IV. Inappropriately accessing a patient's record without a need to know. For example, accessing the record of a friend or family member out of curiosity without a legitimate need to know the information. | • Releasing or using aggregate patient data without facility approval for research, studies, publications, etc.  
• Accessing or allowing access to PHI without having a legitimate reason.  
• Giving an individual access to your electronic signature.  
• Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or “public” person, etc.  
• Posting PHI to social media. | Discussion between instructor and student with course coordinator to address corrective action. Information to be shared with the appropriate program directors and the Dean of the Decker School of Nursing. | May include: a) Re-education and learning contract; to disciplinary sanctions such as: b) Reprimand; c) Removal from clinical site; or d) Probation or other disciplinary action.  
- Student Evaluation  
- appropriate Program Director.  
- Dean of DSON  
- Affiliating Agency Privacy Officer |
| V. Accessing and using patient information for personal use or gain or to harm another individual. | • Releasing or using data for personal gain.  
• Compiling a mailing list to be sold for personal gain or for some personal use.  
• Disclosure or abusive use of PHI. Tampering with or unauthorized destruction of information. | Discussion with instructor and course coordinator. Notification to the appropriate program directors, the Dean of the Decker School of Nursing, and appropriate University channels. This may include the Dean of Students and/or the Dean of the Graduate School. Further action may be taken with Dean of Students | May include: a) Removal of student from course; to disciplinary sanctions such as: b) Probation; c) Suspension; or d) Expulsion.  
- Student Evaluation  
- appropriate program directors  
- Dean of DSON  
- Dean of Students as appropriate  
- Dean of the Graduate School as appropriate  
- Affiliating Agency Privacy Officer  
- University Police |

Adapted with permission by Mary Ellen Murray, Associate Dean, from the University of Wisconsin-Madison *HIPAA Disciplinary Action Policy*