



Presents

ETHICS Continuing Education Course:

***HIPAA for Applied Behavior Analysts,  
Psychologists & School Psychologists***

*Developed by:*

**Michael Weinberg, Ph.D., BCBA-D**  
***Orlando Behavior Health Services, LLC***

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# *HIPAA for Applied Behavior Analysts, Psychologists & School Psychologists*

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Intended for 3 Ethics CEs for BACB Certificants,  
Psychologists, School Psychologists

# Ethics and HIPAA

- *ABOUT THIS CONTINUING EDUCATION COURSE:*

This CE course is designed for BACB™ Certified Behavior Analysts (BCBA or BCaBA), and Psychologists/School Psychologists. It covers the ethical standards of the BACB and APA for guidelines pertaining to client confidentiality and HIPAA law for practitioners, consultants, therapists and school psychologists

# Ethics and HIPAA

*Continuing Education Credits: \**

This course meets the requirements of both the BACB™ and APA for 3 Ethics Continuing Education Credits for Re-Certification and Psychology Licensure Renewal

\* Please see the last slide in this presentation for instructions to obtain CE credits for this course

# ETHICS & HIPAA

## CE Course Objectives:

Upon completion of this program, participants will be able to:

- 1) State the basic concept and principles of the Ethical Standard of the BACB or APA, pertaining to client confidentiality
- 2) Identify the key components of HIPAA law
- 3) Identify the primary concerns or reasons for creation of HIPAA by the federal government
- 4) State the general Ethical Guidelines or Codes regarding confidentiality of the BACB© or APA, as applicable
- 5) Identify different steps that may be required for paper records versus electronic records or client billing information that needs to be safeguarded under HIPAA law
- 6) Identify at least 3 steps that can be taken to aid in ensuring protection of client information under HIPAA in your professional practice

# HIPAA – What is it?

- What is HIPAA?
  - Health Insurance Portability and Accountability Act (of 1996)
  - Pertains to privacy and confidentiality of medical/health records
  - Requires consents for disclosure of records
  - Applies to printed and electronic records
  - Addresses patient/client right to access his/her own health records

# What is HIPAA?

## **Statutory & Regulatory Background**

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Public Law 104-191, was enacted on August 21, 1996.
- Sections 261 through 264 of HIPAA require the Secretary of the Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information.
- Collectively these are known as the *“Administrative Simplification provisions”*

# WHAT IS HIPAA? Continued

- In March 2002, the Department proposed and released for public comment modifications to the Privacy Rule.
- The Department received over 11,000 comments.
- The final modifications were published in final form on August 14, 2002.
- A text combining the final regulation and the modifications can be found at 45 CFR Part 160 and Part 164, Subparts A and E on the OCR website:  
<http://www.hhs.gov/ocr/hipaa> ;

Additional Information is available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>



# HIPAA Privacy Rule and Public Health

*“New national health information privacy standards have been issued by the U.S. Department of Health and Human Services (DHHS), pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The new regulations provide protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI). Balancing the protection of individual health information with the need to protect public health, the Privacy Rule expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to public health surveillance, investigation, and intervention. “ (Dept. of Health and Human Services, April 11, 2003)*

# HIPAA and Behavior Analysts

- Behavior Analysts, especially BCBAs and BCaBAs, are typically not informed in professional training courses about their role and legal need to adhere to HIPAA compliance laws
- HIPAA is a federal law pertaining to patient/client medical records confidentiality
- As practitioners providing services to client/patient populations this law applies to you if you are Board Certified

# Study Questions

- What is HIPAA?
- What year was it originally enacted?
- What is HIPAA created to accomplish?
- What type of documents does it apply to?
- What are the basic requirements to ensure protection of confidential information?

# Ethical Standards

- The Behavior Analyst Certification Board and American Psychological Association each has a set of ethical standards for practitioners of these professions who are Certified or Licensed Psychologists. The BACB™ Guidelines are in part drawn from the APA ethical standards.

# Ethical Guidelines (BACB)

BACB™ Guidelines for Responsible Conduct For Behavior Analysts© (August 2004), with regard to confidentiality, states:

- **2.06 Maintaining Confidentiality.**
- a. Behavior analysts have a primary obligation and take reasonable precautions to respect the confidentiality of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships.
- Note: For the complete set of Guidelines, go to: <http://www.bacb.com/pages/conduct.html>

# BACB™ Ethical Guidelines, continued

- **2.07 Maintaining Records.**

Behavior analysts maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Behavior analysts maintain and dispose of records in accordance with applicable federal or state law or regulation, and corporate policy, and in a manner that permits compliance with the requirements of these Guidelines.

# BACB™ Ethical Guidelines, cont'd

- **2.08 Disclosures.**
  - a. Behavior analysts disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as
    - to provide needed professional services to the individual or organizational client,
    - to obtain appropriate professional consultations,
    - to protect the client or others from harm, or
    - to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.
  - b. Behavior analysts also may disclose confidential information with the appropriate consent of the individual or organizational client (or of another legally authorized person on behalf of the client), unless prohibited by law.

# BACB™ Guidelines for Responsible Conduct and HIPAA Considerations

*Important Considerations for BCBAs, BCaBAs and Health Care Providers in general:*

- Behavior Analysts should be aware of and familiar with BACB™ Guidelines for Responsible Conduct that may conflict with state and federal (HIPAA) law (for example, releasing confidential client information for the purpose of billing). Any actions regarding use or sharing of confidential client information of must be carefully considered by the health care provider (i.e. Behavior Analyst). The provider must be clear with regard to the legal ramifications of any such sharing of confidential information without express, written client consent (or legal guardian) which may result in violation of federal laws and possible legal action that may follow.



# BACB™ Guidelines for Responsible Conduct and HIPAA Considerations – Cont'd

- A useful standard procedure is to discuss limits of confidentiality and client rights to privacy regarding their information with the client and/or parent or legal guardian **BEFORE** services are provided.
- Obtain written consent to share or disclose information and to conduct evaluations in advance with the client/parent/legal guardian including signatures and dates at this time, and as needed during service delivery

# APA Ethics Code (2002)

- **4. Privacy And Confidentiality**

- **4.01 Maintaining Confidentiality**

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

- **4.02 Discussing the Limits of Confidentiality**

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard [3.10, Informed Consent](#).)

# APA Ethics Code (2002) Re: Confidential Client Information

- (b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.
- (c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

# APA Ethics Code (2002) Re: Confidential Client Information-cont'd

- **4.05 Disclosures**

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

- (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

# APA Ethics Code (2002) Re: Confidential Client Information

- **4.07 Use of Confidential Information for Didactic or Other Purposes**

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

## **Additional Provisions Regarding Ethical Standards and Confidentiality of Client Information**

- Neither the BACB nor APA permit disclosure of confidential client information in research reports, media presentation, nor should such confidential information be shared with or presented to students in coursework. Students involved in research may be privy to such information only with express written consent of the subjects in a study or clients receiving therapeutic or behavior analysis services.

# Study Questions\* re: Ethics

- What are the basic provisions for confidentiality of client records under the BACB Guidelines for Responsible Conduct?
- What are the basic provisions for confidentiality under the APA Ethics Code?
- Can you identify any substantial differences between these two standards? (If so, what are they?)
- What are some basic protective measures a provider can take to ensure client information is kept confidential?

\*Note: Answers to study questions are contained within this Powerpoint presentation, some of the study questions may require you to generalize concepts.

# Who is Covered by the HIPAA Privacy Rule?

- The HIPAA Privacy Rule, as well as all the Administrative Simplification Rules \*, apply to health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for which the Secretary of HHS has adopted standards under HIPAA (the “covered entities”)
- For help in determining whether you are covered, and related information, go to this link (and find other related links at):  
[http://www.cms.hhs.gov/HIPAAGenInfo/04\\_PrivacyStandards.asp](http://www.cms.hhs.gov/HIPAAGenInfo/04_PrivacyStandards.asp)
- \* See next slide for definition of HIPAA Admin. Simplification Rules



# HIPAA Administrative Simplification Rules

The administrative simplification standards required under the HIPAA law include three components: health care privacy rules, electronic data interchange (EDI) rules, and security of health data rules.

## ***Overview of Privacy Rules***

The intent of the HIPAA privacy rules is to ensure the confidentiality of medical information. Generally, these regulations protect any protected health information (PHI) maintained by a covered entity in any form, including oral communications. The final regulations do provide some permitted and prohibited disclosure of PHI to plan sponsors for plan operation purposes.

# HIPAA Administrative Simplification Rules- Cont'd

Even if the employer/plan sponsor is not acting in a plan capacity, certain information can be disclosed, such as enrollment and disenrollment information, including:

- Names of participants and covered dependents;
- Covered plan choices; and,
- Premium amounts.

In addition, PHI can be disclosed to business associates or other health plans, such as insurers or HMOs, for purposes of obtaining proposals, or for otherwise placing the business.

# Who is Covered by the Privacy Rule?

## Continued

- Health Care Providers. Every health care provider, regardless of size, that electronically transmits health information in connection with certain transactions, is a covered entity.
- These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which HHS has established standards under the HIPAA Transactions Rule.

# Who is covered by the privacy rule?

continued

- Using electronic technology, such as email, does not mean a health care provider is a covered entity; the transmission must be in connection with a standard transaction.
- The Privacy Rule covers a health care provider whether it electronically transmits these transactions directly or uses a billing service or other third party to do so on its behalf.

# Who is covered by the HIPAA privacy rule?

Cont'd

- Health care providers include all “providers of services” (e.g., institutional providers such as hospitals) and “providers of medical or health services” (e.g., non-institutional providers such as physicians, dentists and other practitioners) as defined by Medicare, and any other person or organization that furnishes, bills, or is paid for health care.

# Who is Covered by the Privacy Act?

## Business Associates

### **Business Associate Defined.**

- In general, a business associate is a person or organization, other than a member of a covered entity's workforce, that performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involve the use or disclosure of individually identifiable health information.

▪

# Business Associates

## cont'd

- Business associate functions or activities on behalf of a covered entity include claims processing, data analysis, utilization review, and billing.
- Business associate services to a covered entity are limited to legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

# HIPAA: What Information is Protected?

## **Protected Health Information.**

- The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral (i.e. verbal).
- The Privacy Rule calls this information "*protected health information (PHI)*."



# What Information is Protected?

- *“Individually identifiable health information” is information, including demographic data, that relates to:*
  - The individual’s past, present or future physical or mental health or condition,
- The provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual

# What Information is Protected

continued

- and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.
- Individually identifiable health information includes many common identifiers (e.g., *name, address, birth date, Social Security Number*).

# What Information is (or not) Protected

- The Privacy Rule excludes from protected health information (PHI) employment records that a covered entity maintains in its capacity as an employer, education provider, and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

# HIPAA Summary

- ***HIPAA's privacy rule governs how health-care providers handle the use or disclosure of Protected Health Information (PHI).***
- In effect, PHI is defined as individually identifiable health information relating to the condition of a patient, the provision of health care or payment for care. All states already have privacy laws that apply to such information. Areas such as patient consent, access to records and subpoena rights, to name a few, are included under HIPAA as well as state laws.

# Study Questions re: Privacy Rule

- What is the “HIPAA Privacy Rule?”
- Who/what is/are covered by the “privacy rule?”
- What types of information are covered by the “privacy rule?”
- Define “Business Associate”
- What types of information are protected?
- Who/what types of information are NOT protected by the “Privacy Rule?”

# HIPAA: Does it Apply to Applied Behavior Analysts?

- How is Healthcare defined in the HIPAA law?
- What does the law include in “Healthcare?”
- Does it apply only if you are BACB Certified?
- Note: HIPAA law specifically includes medical and behavioral practice!

# HIPAA and Behavior Analysts

- HIPAA law requires maintaining confidentiality of “medical records”
- This does not just apply to physicians in medical offices or hospitals
- See list of types of reports to which HIPAA law applies on the next slide (certainly not exhaustive, but covers many types of reports and documents)

# HIPAA and Behavior Analysts

- Types of reports or records to which HIPAA laws apply
  - a) student IEPs
  - b) psychological evaluations;
  - c) Functional Behavioral Assessments
  - d) behavior plans,
  - e) social histories,
  - f) medical reports,
  - g) psychiatric reports
  - h) billing reports for professional health or behavioral health care services
  - i) other (such as progress notes, family contacts, etc.)



# HIPAA

## Does it Apply to Psychologists?

- Does HIPAA include psychologists?
  - Any documents that are considered part of the client/patient's "medical Record" are included
- How is "medical Record" defined in the laws?
  - Are behavior plans, notes, behavior data, reports, functional assessments, etc. included?

# HIPAA Privacy Rule:

## Does it Apply to School Psychologists?

- Do HIPAA laws apply to student records in school?
- Do they apply to records and documents retained for the student as a result of school psych. services by the school?
- Egs.: psych assessment protocols and reports, notes, behavior plans, raw data & graphs

# HIPAA Law

- State privacy law vs. HIPAA law (federal) issues
- Consents, right to confidentiality of health records

# HIPAA and Confidentiality

- Areas of concern for confidentiality:
  - Name
  - Address
  - Any Personal Identifying information (appearance, age, behavior, medical/psychiatric/psychological profile, diagnostic info., such as medical conditions, disorders, disabilities, IQ, etc.)
  - Status or progress in treatment or care
  - Family Information
  - Name of professional care provider (e.g. M.D., Psychologist, O.T., P.T., SLP or other)
  - Any other information that could identify the person

# HIPAA CONFIDENTIALITY

- Do not discuss case with anyone not authorized including concerned family members
- This requires a signed release of information form that is signed by the client/patient or legal guardian to speak to ANYONE else about him/her, including any relatives not included or specifically authorized in the form

# Study Questions re: HIPAA Laws

- Why does HIPAA Apply to BCBAs & BCaBAs?
- List 4 types of information considered confidential “medical” information that is protected by HIPAA
- What are the forms of communication protected by HIPAA?
- List 3 types of reports/records protected by HIPAA Law

# Case Vignette 1

- You are providing school behavior consultation services to an 8 year old child whose parents are divorced and the mother has legal custody of the child. The father calls you and asks for information regarding what issues or needs of the child you are addressing in school, and for a written progress report. What information do you provide to the father? What else could you do in this situation?

# Case Vignette 1 – Discussion

- In this situation, you are correct if you indicated that you should **not** reveal any information regarding your services, purpose, or any progress about this child to the father. You need to indicate that you are not authorized to discuss this or even confirm that you are the child's therapist per ethical standards- in a professional, non-threatening manner. You may want to offer that a release from an authorized person can be requested and you would be happy to honor that release should it be provided. You should refer directly to the authorized legal guardian and not become involved in the personal issues between the parents.



# Case Vignette 2

- You are providing in-home behavioral and therapeutic services to a 12 year old child who lives at home with her parents. The parents are both legal guardians and have indicated that they do not wish other family members to be privy to the circumstances or any purpose of your services. You arrive at the home for a scheduled session to find that the grandmother is caring for the child that day. The grandmother asks about the problems you are working on and for information regarding progress of your services.
- a) What information do you reveal to the grandmother?  
b) What else could you do?

# Case Vignette 2 - Discussion

- This vignette shares similarity with Case Vignette 1 in that the information requested by the grandmother should not be revealed or discussed without a written, signed consent form from the parents. You can explain this as well to the grandmother in a professional, non-threatening manner and similarly indicate that a signed consent would be needed to discuss your services or other related information.

# Case Vignette 3

- You are employed as a school behavior analyst and the principal asks that a new behavior analyst from another school in the district observe your interventions and review your behavior plans and data as an orientation to her position.
  - A) What should your concerns be at this point with regard to ethical issues of confidentiality, and HIPAA regulations?
  - B) What protections might you suggest to the principal before beginning?

# Case Vignette 3 - Discussion

1) You should at the very least indicate your concerns regarding confidentiality of student information who receive your services and cite relevant guidelines of conduct for behavior analysts, or APA Ethics Code, as relevant, & HIPAA regulation, pertaining to maintaining confidentiality of student records.

2) You should recommend that the parents/legal guardians of a few particular students whose records might be reviewed, and intervention may be observed, be contacted to sign consent and release of information forms for this specific purpose.

# HIPAA CONFIDENTIALITY

- Protection of documents and document transfer, including
  - Email
  - Faxes
  - Photocopies

# HIPAA CONFIDENTIALITY

- Email Considerations:
  - requires safe transfer of information to authorized parties such as other professionals, or for billing purposes to managed care or insurance co., Medicaid, Medicare, etc.
  - Encryption usually needed – for private offices you may need to hire a computer tech professional to ensure safety of your information and data being sent
  - It is usually best not to use the client's name or other identifying info in the subject line

# HIPAA CONFIDENTIALITY

- Use and Considerations for Faxes:
  - Caution must be taken to ensure non-authorized people do not have access to the faxed confidential documents
  - HIPAA suggests taking precautions in placement of fax machines – i.e. do not place the fax machine in open areas but in a separate room, or use dividers in open areas to limit visibility of documents
  - Pull off your fax immediately – do not let a secretary or others in the office handle the documents who are not authorized to have access to the information

# HIPAA CONFIDENTIALITY

- Considerations regarding photocopies & printers:
  - Must take similar precautions as with faxes (do not allow others to make copies or pull off printed documents if not authorized to view the information)



# Authorized Uses & Disclosures

## **Authorization.**

- A covered entity must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule

# Authorized Uses & Disclosures

continued

- Rule 44: A covered entity may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.

# Authorized Uses & Disclosures

## continued

- An authorization must be written in specific terms. It may allow use and disclosure of protected health information by the covered entity seeking the authorization, or by a third party.

# Authorized Uses & Disclosures

continued

- Examples of disclosures that would require an individual's authorization include disclosures to a life insurer for coverage purposes, disclosures to an employer of the results of a pre-employment physical or lab test, or disclosures to a pharmaceutical firm for their own marketing purposes.

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# **Psychotherapy Notes (or “progress” or “process” notes)**

- A covered entity must obtain an individual’s authorization to use or disclose psychotherapy notes with the following exceptions:
- The covered entity who originated the notes may use them for treatment.

# Psychotherapy (and other) Notes continued

- “A covered entity may use or disclose, without an individual’s authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for HHS to investigate or determine the covered entity’s compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.” (from HIPAA Privacy Rules)

# Study Questions re: Disclosures

- What are the types of reports or documents are subject to HIPAA Confidentiality Law?
- What are some exceptions to this law?
- What would be needed to permit disclosure of confidential client medical information?

# **Criminal Penalties**

## **Criminal Penalties for violating HIPAA regulations:**

- A person who knowingly obtains or discloses individually identifiable health information in violation of HIPAA faces a fine of \$50,000 and up to one-year imprisonment. The criminal penalties increase to \$100,000 and up to five years imprisonment if the wrongful conduct involves false pretenses,**



# **Criminal Penalties** - Continued

and to \$250,000 and up to ten years imprisonment if the wrongful conduct involves the intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm. Criminal sanctions will be enforced by the Department of Justice.

# State Law

- **Preemption**
- In general, State laws that are contrary to the Privacy Rule are preempted by the federal requirements, which means that the federal requirements will apply.
- “Contrary” means that it would be impossible for a covered entity to comply with both the state and federal requirements, or that the provision of state law is an obstacle to accomplishing the full purposes and objectives of the Administrative Simplification provisions of HIPAA.

# Possible Exceptions to HIPAA & Confidentiality of Information or Client Records

- There may be circumstances that legally require or permit a practicing professional to breach confidentiality. These situations include:
  - 1) Danger to self
  - 2) Danger to others (duty to warn/protect)
  - 3) Abuse/neglect/abandonment of child
  - 4) Abuse/neglect/exploitation of elder or disabled adult
  - 5) Waived in writing by client/legal guardian

# Possible Exceptions to HIPAA & Confidentiality of Information or Client Records

- In the case of “Duty to Warn” laws, otherwise known as the “Tarasoff Act” you need to check laws pertaining to your profession and Duty to Warn in your state as each state determines the nature and extent of this duty in its laws governing practice of professionals including psychologists, therapists, and most likely BCBAs & BCaBAs.

# “Duty to Warn” Laws

- A court case in California from the 1970s against a therapist due to a patient having killed his spouse, and who previously mentioned the threat during a therapy session, was enacted as a law in many states requiring therapists (Medical Doctors, Psychologists, Psychiatrists, etc.) to warn potential victims if threats are made in a session where imminent harm or danger exists. Known as the “Tarasoff” law, or “Duty to Warn” law, exists in a number of states, and with various specifics such as notifying the potential victim, the authorities, or both. Some states have no such provision for health care providers. You need to be familiar with such laws in the state(s) in which you practice.

# Possible Exceptions to HIPAA & Confidentiality of Information or Client Records

- Duty to report client information in cases of suspected abuse/neglect are also subject to specific laws for professionals in each state. You need to read and understand the specific laws pertaining to your profession in the state in which you practice, and to determine if you are a “mandatory reporter” of such, and the details of how to do so.

# **Study Questions:**

## **Criminal Penalties; Exceptions**

- What are the criminal penalties possible for violating HIPAA laws?
- List 3 possible exceptions to HIPAA law
- Which takes precedence in legal matters: state statutes/law or HIPAA law?
- Explain the “Duty to Warn” law, and possible limitations

# HIPAA References & Resources

- HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 Public Law 104-191, 104<sup>th</sup> Congress.

<http://www.cms.hhs.gov/HIPAAgenInfo/Downloads/HIPAALaw.pdf>

- Office on Civil Rights (2003). PowerPoint presentations on the Privacy Rule, from the HHS National Conferences in San Diego, Atlanta, New York and Chicago .

<http://www.dhhs.gov/ocr/privacy/hipaa/understanding/training/index.html>

- Understanding HIPAA Privacy. U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

<http://www.dhhs.gov/ocr/privacy/hipaa/understanding/index.html>

- Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244 .

[http://www.cms.hhs.gov/hipaageninfo/02\\_thehipaalawandrelated%20information.asp](http://www.cms.hhs.gov/hipaageninfo/02_thehipaalawandrelated%20information.asp)



# You have completed the Power Point presentation *THANK YOU!*

To receive 3 Continuing Education Credits for Ethics, please answer the accompanying questions (separate document) and email your answers with name and certificate or license no. in the email, to us at:

Orlando Behavior Health, 185 Fabyan Rd.,

N. Grosvenordale, CT 06255.

860-315-0565

Email: [orlandobehaviorhealth@gmail.com](mailto:orlandobehaviorhealth@gmail.com)

Your certificate will be sent electronically within a few days of receipt of your answers and a passing grade of 80%.

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