

HIPAA

Monthly Alert

MAY 2019

Since the compliance date of the Privacy Rule in April 2003, the Office for Civil Rights (OCR) has received over 197,049 HIPAA complaints and has initiated over 924 compliance reviews. OCR has resolved ninety-eight percent of these cases (192,350) and investigated and resolved over 26,558 cases. This has been achieved by requiring changes in privacy practices and corrective actions, or providing technical assistance to HIPAA covered entities and their business associates. Corrective actions obtained by OCR from these entities have resulted in change that is systemic and that affects all the individuals they serve. OCR has successfully enforced the HIPAA Rules by applying corrective measures in all cases where an investigation indicates noncompliance by the covered entity or their business associate. To date, OCR has settled or imposed a civil money penalty in 62 cases resulting in a total dollar amount of \$96,581,582.00. In another 11,653 cases, the OCR investigations found no violation had occurred.

Additionally, in 32,120 cases, OCR has intervened early and provided technical assistance to HIPAA covered entities, their business associates, and individuals exercising their rights under the Privacy Rule, without the need for an investigation. In the rest of our completed cases, (122,019) OCR determined that the complaint did not present an eligible case for enforcement. These include cases in which:

- OCR lacks jurisdiction under HIPAA. For example, in cases alleging a violation by an entity not covered by HIPAA i.e. corrections, workers compensation;
- The complaint is untimely or withdrawn by the filer. The activity described does not violate the HIPAA Rules;
- The activity described does not violate the HIPAA Rules. For example, in cases where the covered entity has disclosed protected health information in circumstances in which the Privacy Rule permits such a disclosure.

From the compliance date to the present, the compliance issues investigated most are, compiled cumulatively, in order of frequency:

- Impermissible uses and disclosures of protected health information;
- Lack of safeguards of protected health information;
- Lack of patient access to their protected health information;
- Lack of administrative safeguards of electronic protected health information;
- Use or disclosure of more than the minimum necessary protected health information.

Reference

<https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/agreements/allergyassociates/index.html>

Please look for next month's HIPAA alert delivered through your email.
You can also find the HIPAA monthly alerts on Employee Self Service (ESS).

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