Health Care Professionals’ Privacy Guide

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal law that sets national standards for how health care plans, health care clearinghouses, and most health care providers protect the privacy of a patient’s health information. Below find the latest provisions that strengthen the privacy and security protections for health information established under HIPAA.

In the Federal Register's January 2013 final omnibus rule on privacy and security protections for health information, HIPAA now:

- Allows patients to ask for a copy of their electronic medical record in an electronic form;
- Allows patients to instruct their provider not to share information about their treatment with their health plan when they pay by cash;
- Reduces burden by streamlining individuals' abilities to authorize the use of their health information for research purposes; and
- Clarifies that genetic information is protected under the HIPAA Privacy Rule and prohibits most health plans from using or disclosing genetic information for underwriting purposes.

HIPAA does strike a balance permitting the disclosure of information needed for patient care and other important purposes while providing Federal protections for individually identifiable information. It does not interfere with the delivery or coordination of health care. For more guidance, here’s HIPAA at work:

HIPAA does not require patients to sign consent forms before doctors, hospitals, or ambulances may share information for treatment purposes.

You may share patient treatment information with other health care professionals without obtaining a signed patient authorization. For more information, review:

- Answers to Frequently Asked Questions (FAQs) about HIPAA at [http://www.hhs.gov/hipaafaq](http://www.hhs.gov/hipaafaq) on the U.S. Department of Health and Human Services (HHS) website;
- The “Uses and Disclosures for Treatment, Payment, and Health Care Operations” fact sheet on the HHS website; and
- The “Summary of the HIPAA Privacy Rule” on the HHS website.
HIPAA does not require you to eliminate all incidental disclosures.

- The Privacy Rule recognizes that it is not practicable to eliminate all risk of incidental disclosures. Incidental disclosures do not violate the rule when you have policies that reasonably safeguard and appropriately limit how protected health information is used and disclosed.
- The Office for Civil Rights (OCR) provides guidance about how this applies to customary health care practices (for example, using patient sign-in sheets or nursing station whiteboards or placing patient charts outside exam rooms). Refer to the FAQs in the “Incidental Uses and Disclosures” subcategory or search for terms such as safeguards or disclosures on the FAQs web page. Review the “Incidental Uses and Disclosures” fact sheet on the HHS website.

HIPAA is not anti-electronic.

- You may use email, the telephone, or fax machines to communicate with patients and other health care professionals using appropriate safeguards to protect patient privacy. Review additional information on this topic at http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures/482.html on the HHS website.
- HIPAA Privacy Rule guidance documents related to the electronic exchange of health information are included in the Privacy and Security Toolkit on the HHS website.
- HHS has gathered tips and information to help you protect and secure health information patients entrust to you when using mobile devices.

HIPAA does not cut off all communication between health care professionals and the families and friends of patients.

- As long as the patient does not object, health care professionals covered by HIPAA may provide information to a patient’s family, friends, or anyone else identified by a patient as involved in his or her care.
- The Privacy Rule also makes it clear that, unless a patient objects, hospitals and health care professionals may notify a family member or anyone responsible for the patient’s care about the patient’s location or general condition.
- If a patient is incapacitated, you may share appropriate information with the patient’s family or friends if you believe doing so is in your patient’s best interest.
- Review the “Communicating with a Patient’s Family, Friends, or Others Involved in the Patient’s Care” guide on the HHS website.
- For guidance on sharing information related to mental health, visit http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/mhguidance.html on the HHS website.

HIPAA does not prevent calls or visits to hospitals by a patient’s family or friends, the clergy, or anyone else.

- Unless a patient objects, basic information such as the patient’s phone and room number may appear in a hospital directory.
- Members of the clergy may access a patient’s religious affiliation (if provided) and do not have to ask for patients by name.
- Refer to the Facility Directories FAQs web page on the HHS website.

HIPAA does not prevent child abuse reporting.

You may report child abuse or neglect to appropriate government authorities. For more information, search using the term child abuse on the FAQs web page or review the “Public Health” fact sheet on the HHS website.

Additional Information
The HHS complete listing of all HIPAA medical privacy resources is available at http://www.hhs.gov/ocr/privacy on the HHS website.

Refer to the Medicare Learning Network® (MLN) “HIPAA Privacy and Security Basics for Providers” fact sheet for additional information about the HIPAA Privacy Rule.

For more information about HIPAA rules, visit the HIPAA – Frequently Asked Questions web page at http://www.hhs.gov/hipaafaq on the HHS website, or scan the Quick Response (QR) code on the right with your mobile device.
This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network® (MLN), a registered trademark of the Centers for Medicare & Medicaid Services (CMS), is the brand name for official information health care professionals can trust. For additional information, visit the MLN’s web page at http://go.cms.gov/MLNGenInfo on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network® (MLN) products, services and activities you have participated in, received, or downloaded, please go to http://go.cms.gov/MLNProducts and in the left-hand menu click on the link called ‘MLN Opinion Page’ and follow the instructions. Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.