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## Comprehensive HIPAA Privacy Training (level 1)

The two-day classroom training program aims at conveying the importance of HIPAA legislation and sensitivity of being HIPAA compliant. This training will help you get a clearer perspective of the HIPAA Administrative Simplification Act and more so, how to form a strong framework in ensuring a blueprint for HIPAA privacy compliance and understanding the significance of HIPAA regulation and Security rules.

Our Training includes changes to the HIPAA regulations due to Health Information Technology for Economic and Clinical Health (HITECH) Act which is part of American Recovery and Reinvestment Act of 2009 (ARRA) and 2013 Omnibus Rule final changes. Our HIPAA Instructors are HIPAA consultants who help organizations meet the HIPAA audit checklist requirements issued by the DHHS. Learn from the Instructor what your next steps are to meet these newly issued audit requirements by the Department of Health and Human Services' (DHHS) Office of e-Health Standards and Services.

In this training we also explain the relevance of HIPAA to information systems infrastructure and initiatives towards HIPAA privacy compliance.

This HIPAA compliance training will prepare you for HIPAA certification of Certified HIPAA Privacy Expert (CHPE).

### Learning Objectives:

This training helps you better understand HIPAA's Administrative Simplification Act as well as how to create a framework for initiating and working towards a blueprint for Privacy and HIPAA Security compliance and regular audit to avoid violation of regulations. From this training you will learn the following about HIPAA:

- Understand what HIPAA means, how it affects your organization, and what significant changes in policies, procedures and processes within the organization in the handling of patient records



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- Understand new updates to HIPAA rule due to HITECH which is part of ARRA and Omnibus rule published in 2013
- Identify the main reasons behind HIPAA, specifically, to provide continuity/portability of health benefits to individuals between jobs; to combat fraud/abuse in health insurance and healthcare delivery; to reduce administrative costs in healthcare; to provide uniform standards for electronic healthcare transactions; and, to ensure security and privacy of patient health information
- Have a in-depth understand of HIPAA Security, Privacy and Transaction rule
- Examine how implementing HIPAA will affect the way healthcare entities organize and staff to achieve and monitor compliance with patient privacy/confidentiality needs
- Understand the new Enforcement rule
- Step through how to plan and prepare for HIPAA compliance. HIPAA is about awareness first, assessment second and finally action focused on gaps identified
- Understand who business associates are and what will they have to do to ensure HITECH HIPAA Compliance.

## Target Audience

- Healthcare provider & payer privacy compliance employees
- Privacy lawyers involved in health care
- Compliance teams for HIPAA privacy
- HR staff & manager
- Privacy auditors
- Privacy consultants
- Clinical physicians and office managers
- Head nurse
- Privacy instructors

## Cost:

Cost for each student is \$1599. The cost includes

- Training Kit:

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515-865-4591

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- HIPAA Compliance Training Manual (worth \$450)



[View Classroom Training Schedule](#)

## Course Outline

### Day 1 -

#### **HIPAA Fundamentals**

- HIPAA Basics: An overview of the Health Insurance Portability and Accountability Act of 1996 (all provisions)
- HIPAA's Administrative Simplification Title: Review of the provisions of the Administrative Simplification Title. This includes transaction and code set standards (administrative transactions), national identifiers, privacy requirements and security requirements.
- HIPAA Penalties: Review of the HIPAA enforcement rule including informal and formal remedies, requirements of covered entities, the role of business associates as agents and enforcement bodies.
- HIPAA-Related Organizations: Discussion of entities/organizations specifically designated as standard maintenance organizations and statutorily defined advisory bodies.
- HIPAA Terminology and Definitions Covered Entity: Review of definitions included in the Administrative Simplification Title related rules (list not inclusive).
  - Covered Entity
  - Health Plan
  - Clearinghouse
  - Health Care Provider
  - Business Associates
  - Trading Partner Agreement
  - Workforce
  - Organized Health Care Arrangement

#### **HIPAA Transactions, Code Sets and Identifiers**

- Transactions
- Impacted Health Care Transactions

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- Target Entities
- Scope
- Penalties
- ASCA

## **ANSI ASC X12 Standard**

- Transaction Type 270
- Transaction Type 271
- Transaction Type 276
- Transaction Type 277
- Transaction Type 278 Request and Response
- Transaction Type 820
- Transaction Type 834
- Transaction Type 835
- Transaction Type 837 - Professional
- Transaction Type 837 - Institute
- Transaction Type 837 - Dental

## **HIPAA Code Sets**

- ICD-9-CM Volumes 1 and 2
- CPT-4
- CDT
- ICD-9-CM Volume 3
- NDC
- HCPC

## **HIPAA National Health Care Identifiers**

- Provider Identifier
- Employer Identifier
- Health Plan Identifier
- Individual Identifier

## **HIPAA Privacy Rule Part 1**

- Introduction: Overview of the HIPAA Privacy Rule



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- Who is Impacted (e.g., definition of covered entities, business associates)?
- Scope (Activities covered by the rule)
- Exceptions (Specifically included or referenced exceptions that allow use and disclosure of patient/health plan member protected health information (PHI))
- Timeline (Effective date of the rule, timelines related to certain requirements identified in the privacy rule such as accounting of disclosures, document retention requirements, etc.)
- Key Definitions: Review of key definitions associated with the privacy rule and how they apply to rule application and compliance.
  - IIHI
  - PHI
  - Deidentified Information
  - Use
  - Disclosure
  - Treatment
  - Payment
  - Health Care Operations
- Notice Requirement: Review of the requirements to draft and make available a notice of privacy practices, the content of such notice, revision requirements and availability requirements.
  - Core Elements
  - Changes to a Notice
  - First Interaction
- Authorization versus Consent Requirement: Review the legal definitions of consent and authorization and what they would be used for. Review of the legal requirements related to obtaining authorization, the form of such authorization and content requirements.
  - Definition of “consent”
  - Definition of “authorization”
  - Legal differences between “consent” and “authorization”
  - Core Data Elements and Required Statements
  - Defective Authorizations
  - Revocations
- Key Parties Impacted: A discussion of all entities or individuals directly or indirectly impacted by the rule and why.
- Minimum Necessary: Discussion of the definition of minimum necessary and when it applies to the use and disclosure of PHI (internally and externally)



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- Oral and Other Non-electronic Communications: A discussion of what constitutes PHI pursuant to the rule and the related requirements to protect non-electronic PHI, including oral PHI.
- Health-Related Communications, Fund Raising and Marketing: Review of the requirements related to the use of PHI for communications other than treatment, payment and health care operations. Also, a review of the strict requirements relating to the use of PHI for marketing and fund raising.
- Research: A review of the requirements related to the use of PHI for research including what processes must be followed prior to allowing the use of PHI in research without the patient/health plan member's authorization.

## **Day 2 -**

### **HIPAA Privacy Rule Part 2**

- Policy & Training Requirements: A review of the implied and explicit requirements to develop, implement and maintain privacy policies and procedures and the requirement to provide initial and on-going staff training.
- Preemption Requirements: A review of state law preemption. This includes a discussion regarding when state law may preempt the rule without specific authorization from the US Department of Health and Human Services (HHS) and when authorization is required prior to state law preemption of HIPAA.
- State Privacy Laws: A general review of state privacy laws that preempt HIPAA (categorized as specially protected health information) with specific reference to select California state laws.
- Federal Privacy Law – 42 CFR Pt. 2: A discussion of the more stringent requirements found in 42 CFR Pt. 2 relating to alcohol and chemical dependency
- Statutory/Rule Conflict Resolution: Discussion of how to respond when federal and/or state law conflicts.
- Case Law: A review of general case law that has impacted the application of HIPAA, state privacy laws and impacts legal risks.

### **HIPAA Security Rule Part 1**

#### **1. General:**

- Threats: General review of threats (real and perceived) prompting Congress to include security requirements in the HIPAA Administrative Simplification Title.



- Definition and Terminology: Review of general definitions of security and specifically how those definitions apply to the rule and what data must be protected by implementation of appropriate security measures.
  - Security
  - Security Services
  - Security Mechanisms
- Security Rules: Detailed review of the security rule, components of the security rule and specific requirements (including reference back to security requirements referenced in the HIPAA Privacy Rule).
  - Categories of Safeguards
  - Implementation Specifications
  - Approach and Philosophy
  - Security Principles
- Administrative Safeguards
- Physical Safeguards
- Technical Safeguards
- Organizational Requirements
- Policies and Procedures, and Documentation Standards

## Enforcement Rule

- Overview: An overview of the rule and rule requirements including entities and individuals the rule applies to.
- Definitions: A review of rule definitions including (not inclusive) what represents a violation, compliance, definition of agent, resolution processes and HHS enforcement powers.
- Informal resolution process: A discussion of what an informal resolution is and what it entails. Also, a review of the rule's emphasis on informal resolution and language allowing such resolution at any phase of violation investigation, penalty assessment and appeal.
- Formal resolution process (i.e., penalties, administrative hearings, appeal process, etc.): A discussion of what would likely trigger a formal resolution process, HHS requirements and authority to investigate, rights and responsibilities of covered entities and resulting actions if civil penalties are levied and paid by the covered entity.
- Compliance audits: A discussion of the authority to conduct compliance audits, current audit activity and prospective audit activity.

## American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII



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A general overview of Title XIII health information technology (HIT) incentives and requirements provisions. This discussion will focus on an overview of the role of privacy and security in HIT investment provisions and standards development.

### **American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII, Subtitle D**

1. Privacy Provision Overview: Overview of the privacy provisions included ARRA and the relationship to the HIPAA Administrative Simplification Title provisions.

### **Omnibus Rule of January 2013**

- Background
- Breach Notification Rule
- New Limits on Uses and Disclosures of PHI
- Business Associates
- Increased Patient Rights
- Notice of Privacy Practices
- Increased Enforcement

### **Certified HIPAA Privacy Expert (CHPE) Online Exam**

CHPE is online test and can be taken at any time and from anywhere. Once the test is started, it cannot be stopped till it is completed. This is time bound test. You need to pass the 39 questions test (3 questions per chapter, 5 minutes maximum per chapter to answer the questions) with 70% to receive the HIPAA certification of Certified HIPAA Privacy Expert (CHPE).

This test is for 1 hour 5 minutes only. You get 5 minutes per chapter to answer three questions from each chapter. The passing grade is calculated based on total % of all chapters and NOT individual chapter score. You can fail individual chapters but still pass the test on overall score.

After you pass the test, you will be allowed to print the certification on your own. View sample of certificate <https://www.hipaatraining.net/images/chpe-3.jpg>

### **Continuing Education Requirements after Getting Certified:**





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Once a year all students will have to go through one hour of update course which will include relevant regulation changes and other OCR/HHS activities on compliance and enforcement.

To maintain your certification, you will continue taking update courses when they are released. You will receive new certificate when your certificate will expire if you have taken all required update courses. You will NOT be required to take any test if you have taken the update courses regularly.

## **CHPE Testimonial**

[Testimonials on LinkedIn](#) and  
[Testimonials](#)

## **Our Clients**

[View the list of our clients](#)