

HIM as Privacy Officer

Save to myBoK

Michael Sager, RHIT, CHP; Wendy Mangin, MS, RHIA; and Lou Ann Wiedemann, MS, RHIA, recently discussed their roles as privacy officers.

What led you to become a privacy officer for your facility?

Sager: I work in the compliance office at my facility, and when the privacy rule was first published in all of its draft forms, I took a special interest and was assigned to organize an implementation committee. As I became more familiar with the rule, I quickly became our organization's in-house expert on the privacy rule.

Wiedemann: My facility is a large metro teaching facility. As the director of HIM, I was already handling the release of information issues that would arise at the facility, so it was a natural progression into the privacy arena.

Mangin: Since release of information for my hospital is handled by my department, it was a natural fit. Prior to HIPAA, I was the go-to person for consent questions, authorization questions, and general legal questions. Because of my AHIMA membership, I was in a position to use the wonderful resources available to all members and take advantage of the training being offered to members.

What is the most interesting aspect of your job?

Wiedemann: It has been interesting learning how patient caregivers approach privacy issues. For HIM, release of information is very straightforward. For direct patient caregivers, it is not always so black and white. What if the next of kin is in the Navy overseas-how do you communicate with them? What if the Red Cross becomes involved? Dealing with those direct patient care issues and helping patients, families, and clinicians interpret the HIPAA rules, while still meeting everyone's needs, has been challenging.

Mangin: We have tried to improve our privacy practices, such as developing a better way of handling family phone calls to nursing stations. If a patient has a family member in another city, they are given the last four digits of the patient account number. They must give this number when they call the nursing unit to get information. You won't find anything that prescriptive in the HIPAA regulations, but we try to think of common-sense ways to protect patient privacy.

Sager: I love being an investigator. This role provides many opportunities to dig into my organization's working relationships to determine the best course of action. Getting to know everyone from the pharmacists to the ward clerks in radiology is terrific.

What are some of the unusual situations you have dealt with as the privacy officer?

Mangin: We dealt with a clinic in another state who requested an original authorization in order to release x-ray films to our facility. I found they were given this advice by their attorney, so I mailed them an FAQ from the Office for Civil Rights Web site that clarified that a faxed or photocopy of an authorization was acceptable. They have not changed their policy.

Sager: The strangest thing was an independent physician's staff member accessed our health information system for personal reasons for a divorce proceeding. Our systems worked great, as we identified the transgression through audits, and the physician fired the staff member.

Wiedemann: As a trauma center, we often receive patients who are victims of violence. Once we received both the victim and the perpetrator. For safety reasons we made both admissions confidential and did not give out patient or admissions information on either patient. Unfortunately, friends and family had followed both to the emergency department and knew that they had been admitted. The hospital maintained both patients' confidential status for the safety of our other patients and staff,

and the police ended up escorting the friends and family off the premises. It was very difficult for the staff on the floors to understand the confidential status even though family members knew the patient was admitted. In the end the scenario was discussed in our trauma operations committee, and a policy was developed for future reference.

What advice would you give HIM professionals who want to work as privacy officers?

Sager: My advice to HIM professionals is to become leaders in the areas that interest them, and when the position is open at their facility, advocate assumption of those duties. But don't expect a great increase in compensation. In this day and age, I feel it's better to prove your competency than seek additional remuneration.

Wiedemann: If you are not a member of the HIPAA Community of Practice [CoP], join immediately. I have learned more from the HIPAA CoP than any other area. Most of the issues that arise at our facility have also arisen at other facilities. I can search the CoP for discussions and usually answer my own question. It is fast, easy, and saves me research time. HIM professionals are the perfect choice for privacy officer, and it is an opportunity to take our knowledge to patient care areas and assist them. Keep up to date-you never know what door could open up to you as a result.

Mangin: Read the privacy regulations and use the wonderful resources available on the AHIMA Web site in the Body of Knowledge related to HIPAA. Use your colleagues to help you with unusual situations. Step up to the plate. HIM professionals are the experts in this area.

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