



Policy Title

Health Insurance Portability and Accountability Act (HIPAA)

Identifier

UofSCSOMG – STAF – 7.01

Prepared by: Office for Student Affairs	
Reviewed by: Associate Dean for Student Affairs	Review Date: 06/25/2021
Approved by: UofSCSOMG Policy Committee	Approval Date: 07/15/2021
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LCME Standards

10.6- Content of Informational Materials

Scope

University of South Carolina (UofSC) School of Medicine Greenville students

Policy Statement

The UofSC School of Medicine Greenville is committed to ensuring students protect the privacy of patients and their health information. Privacy of personal health information is guided by certain state laws as well as by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003. This policy defines the general uses and disclosures of patient information and processes related to protecting the confidentiality of patient information in compliance with the HIPAA Privacy Rule.

Definitions

- A. **Protected Health Information:** Is individually identifiable health information which includes:
 - All information, data, documentation and materials (written, oral, visual or electronic) including demographic, medical and financial information collected from an individual or that is created or received by the health system that relates to the past, present, or future physical or mental health or condition of an individual.
 - The provision of health care to an individual.
 - The past, present, or future payment for the provision of health care to an individual, that identifies the individual
 - With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- B. **Use or Disclosure of Protected Health Information:** Means the sharing, employment, application, utilization, examination or analysis of such information by the student or healthcare employee

Reason for Policy

Patient Protection

Procedures

The material contained in all medical records is highly confidential and is not to be disclosed to any unauthorized person.

1. Records are not to be removed from the patient care and study areas of the institution, under penalty of immediate disciplinary action.
2. Students will not photograph or create any identifiable likeness of a patient without the specific permission of the institution and written permission of the patient involved.
3. Medical students are not to converse with or provide any material regarding patients or their medical records to friends or relatives, representatives from the news media or law enforcement or any other unauthorized agency or person. At times, the proper department within each hospital will direct a release of information. Any request for information should be referred to the department chair or clerkship director responsible for the rotation.
4. If copies of records are made for the purpose of presentations on rounds or at a conference, these copies must be in the possession of the student at all times or else be destroyed. During formal case presentations (e.g. teaching conferences and grand rounds), the patient should be identified only by initials. Special care should be taken in discussing patients (with or without identification of the patient) in public areas (elevators, hallways, cafeterias, canteens, etc.) since patients, friends and families may overhear. Such discussions may result in disclosure of privileged information or may produce unnecessary anxiety on the part of the patient, family or friends.
5. Students conducting research activities in the clinical learning environment are not permitted to download identifiable patient data to their personal computers. All identifiable data must be accessed using REDCap or a Prisma Health device, which is to be requested at the attention of the Prisma Health department and the student's Research Mentor that the student is conducting research activities.

Mandatory HIPAA training is required during medical school orientation and annually thereafter. Compliance with the training schedule is tracked by the Office for Student Affairs.

Sanctions

A student that is non-compliant with training will be removed from the clinical environment until the requirement is met.

A student that is non-compliant with HIPAA standards may result in referral to the Honor and Professionalism Council (HPC) and disciplinary action up to and including dismissal.

Additional Contacts

Office for Student Affairs

Office for Academic Affairs

Honor and Professionalism Council (HPC)

Student Evaluation and Promotion Committee (SEPC)

Related Information

UofSC School of Medicine Greenville Student Handbook

GHS Policy: S-015-01 Uses and Disclosures of Protected Health Information – General Privacy Rules

History

Date of Change	Change
June 2020	Added expectations for research activities and updated sanctions
May 2019	Sanctions and monitoring procedures were clarified. Editorial changes made due to branding updates and titles.
June 2018	Policy formalized into standardized template, LCME CQI