



**MERCY**  
Care you can believe in.®

## NEONI SHADOW DAY

8:00 A.M.	Welcome (Main Lobby) Breakfast (Provided)
8:45 A.M.	Students arriving in assigned areas
9:00 A.M.	Shadow
12:00 P.M.	Lunch (Provided)
12:30 P.M.	Dismissal

Facility Contacts: Judy Heikkinen  
Phone: 440-960-3261

Heather Nickum  
Phone: 440-960-3261



# Mercy Regional Medical Center

## Directions

### **Mercy Regional Medical Center**

3700 Kolbe Rd.

Lorain, OH 44053

Phone: (440) 960-4000

**From the East:** Take I-90/Rt. 2 W to the Rt. 58 (Leavitt Road) exit. Turn right onto Rt. 58 (Leavitt Road) to head north. Turn left onto Cooper Foster Park Road. Turn right onto North Main Street. North Main Street will become Kolbe Road. Continue on Kolbe Road until you reach Mercy Regional Medical Center on the left.

**From the West:** take OH-2 E to Baumhart Road exit. Turn left on Baumhart Road. Turn right on West Erie Avenue (US-6). Turn right on Kolbe Road. Mercy Regional Medical Center will be on your right.

Exhibit A

**MERCY REGIONAL MEDICAL CENTER  
SHADOW INTERVIEW/OBSERVATION  
CONSENT AND RELEASE**

In consideration of the opportunity to participate in the "shadow interview program" in order to observe the performance of hospital employees and other medical and staff support personnel of Mercy Regional Medical Center (MRMC) in the \_\_\_\_\_ unit/department and other areas in which they carry out their job tasks and as a condition of such opportunity, I agree to the following:

1. The patient undergoing examination, procedure, or treatment must consent to my presence.
2. I agree to maintain and protect the absolute confidentiality of the names of the patients and any other patient identifying information, as well as all information relating to the condition, diagnosis and treatment of any patient of which he/she becomes aware during the course of observation.
3. I agree to immediately leave the \_\_\_\_\_ unit/department or other patient care area upon the request of any health care professional in the event of an emergency or for any other reason. MRMC reserves the right to terminate the observation experience at any time.

I acknowledge that no assurance or representations concerning my health or safety during the period of observation have been made to me. I understand that numerous risks to health and safety may be present in a hospital, including but not limited to exposure to infectious agents, and I voluntarily assume all risks associated with my presence in the hospital as an observer. I hereby release MRMC, its medical staff, physicians, directors, officers, employees, agents, and representatives, from any liability, injury, or damages caused by or arising from or in connection with my presence as an observer in the hospital unit/department designated or any other area in which I am an observer.

\_\_\_\_\_  
(Signature of Observer)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent or guardian if  
Observer is under 18 years of age.)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Person to notify in case of an emergency:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

**Completed forms must be maintained in the  
Organizational Learning Department.**

# Updated HIPAA Rule

What YOU Need to Know

# New HIPAA Rule

- Part of the American Recovery and Reinvestment Act of 2009 included changes to the HIPAA Privacy Rule
- HIPAA stands for the Health Insurance Portability and Accountability Act of 1996
- The enforcement of the new HIPAA changes will start in February 2010

# Specific Changes

- Patients now must be notified within 60 days if their private information - Protected Health Information (PHI) has been breached
- In addition to notifying patients, all breaches must be reported to the Department of Health and Human Services
- PHI includes any patient information including diagnoses, procedures, address, financial status, social security number, etc.

# Specific Changes

- A breach of PHI includes:
  - intentional disclosure of information
  - inappropriate access of information
  - an inadvertent disclosure of information
- Every employee must report any breach of information as soon as it is discovered
- Report the breach to your Manager, Privacy Officer or Risk Management

# What is a breach of Information?

- Faxing a medical report to the wrong number
- Looking at the surgery schedule if your job does not require it
- Looking up patient information in the computer unrelated to your job
- Talking about a patient and disclosing information

# What is a breach of Information?

- Misplacing a flash drive containing patient information
- Having a laptop stolen from your car that contains patient information
- Taking a patient census home in your pocket causing an unauthorized disclosure

# Inadvertent vs. Intentional Breach

## Inadvertent Breach

Faxing to a wrong number

Losing a flash drive

Having a secured laptop stolen

## Intentional Breach

Looking up information on a patient unrelated to job

Disclosing information about a patient

Looking to see who is on the surgery schedule or census

# What Do I Do?

- Report whatever you think may be a breach of patient information
- The hospital Privacy Officer along with the Mercy Health Partners Regional Privacy Task Force will investigate and determine what action needs to be taken

# What Do I Do?

- Report anything you think may be a breach of information
- Your facility Privacy Officer will investigate and determine if a breach occurred
- Your facility Privacy Officer has a plan in place to handle the situation whether the breach involves 1 or 500 patients

# Reporting a Breach

- There is NO penalty for reporting a breach of information whether it is inadvertent or intentional
- There is no penalty if you are accidentally involved in an inadvertent breach of information
- ALL breaches you know of must be reported

# Penalties

- An intentional breach of information will result in disciplinary action
- If you disclose or access a patient's information inappropriately you may be legally liable – the patient can sue you personally

# Summary

You must report any breach of information to:

1. Your Manager
  2. Privacy Officer, Mike Majoras, 960-3845
  3. Risk Manager, Lori Koethe, 960-3983
- Even if you are not sure if it is a breach report the incident
  - The Privacy Officer will investigate and make a determination

# Summary

- Your facility Privacy Officer has the resources and plan to deal with all reported breaches

## HIPAA Privacy Quiz

1. A breach of patient's privacy is:
  - A. Disclosing a patient's condition when it is not related to your job duties
  - B. Looking up information about a patient that is not related to your job duties
  - C. Checking to see if someone you know is on the census or surgery schedule
  - D. All of the Above
  
2. If you know a breach of patient information has occurred, you must report it to your manager or Privacy Officer as soon as you find out  
  
True    False
  
3. Patients must be notified within 60 days if their information has been breached  
  
True    False
  
4. If I access a patient's information inappropriately I may be:
  - A. Fired
  - B. Sued by the Patient
  - C. Have the case reported to Health and Human Services
  - D. All of the Above
  
5. As a hospital employee, I have the right to look at any patient information  
  
True    False
  
6. The only patient information I can access is information I need to do my job  
  
True    False

7. I am legally required to report a breach of information

True False

8. Which of the following are reportable breaches of information:

- A. A co-worker is looking at the census to see if their neighbor was discharged
- B. Looking in the computer to find an ex-husband's address
- C. Faxing a lab report to the wrong number
- D. All of the Above

9. If I accidentally sent patient information to the wrong fax number:

- A. I will not be disciplined
- B. I must let my Manager or Privacy Officer know
- C. I should ask the recipient to destroy the information
- D. All of the Above

10. My Privacy Officer will determine if a breach has occurred if I am not sure

True False