INTRODUCTION TO PROTECTED IDENTIFIABLE INFORMATION

by Debi Carr

Protected Identifiable Information, or **PII** for short, is any information that could be used to identify an individual. Forty-eight states now have privacy laws that require all businesses to protect a consumer's Protected Identifiable Information. This is already established in healthcare, as we are required to safeguard patients' Protected Health Information or PHI. Any information, or combination of information, that could possibly be used to identify individuals should be protected.

Healthcare entities have been required to secure patient PHI since 1996 under the Health Insurance Portability and Accountability Act. However, considering recent data breaches such as those with Equifax and Uber, forty-eight states and three territories have enacted privacy laws meant to protect general consumers; and the other two states can't be far behind.

What is considered Protected Identifiable Information? Any information that could identify or locate an individual. In most states, this is considered the First Name or Initial in combination with any of the following:

- Address
- Phone Number
- SSN
- Account Numbers
- Email Address
- DOB
- Vehicle Information
- Digital Signature
- Any Medical Records
- Fingerprints
- Any Physical Image
- Retina Scans
- Iris Scans
- Etc.

This trend in data privacy protection brings a new level of vulnerability to medical practices. Protocol states that in the event of a theft or data breach that compromises PHI, the practice must report to the Office of Civil Rights. The fines for failing to safeguard this sensitive information can be up to \$50,000 per record. Now, because most medical practices are also considered by states to be businesses, sensitive information is also treated as PII. This means the state government can fine and, in some cases, impose jail time when an executive (Doctor) fails to safeguard and report a data breach in a timely manner.

To complicate the issue further, several states strive to protect their citizens beyond state lines. For example, if you are a New York resident but you visit a business or medical practice in Florida that experiences a data breach, said practice is required to notify you in accordance with both Florida laws and New York laws.

Practices that have patients that primarily reside within the European Union may be subject to the newly enacted General Data Protection Requirements or GDPR. This requires that any business providing services to EU residents, including healthcare providers, will insure that adequate security controls are in place. This includes data encryption at rest and in transit, backups, redundancy, and intrusion detection mechanisms to ensure data is not compromised in any way.

Cyber-attacks are quickly becoming the new battleground, and risks will only increase as new technology is introduced. As a result, businesses, including healthcare entities, must implement a comprehensive security plan. This requires a well-educated team, recognized security controls, and continuous system monitoring and training. The consequences of failing to protect PHI and PII could be too great to recover from.



Debi Carr is the CEO of D.K. Carr and Associates, LLC, a Security and HIPAA Consulting Firm. She has over 23 years of dental practice management experience and over 30 years of experience in technology and security. She assists dentists in obtaining and maintaining HIPAA compliance including performing annual risk analysis and team

security awareness training. She also leads a team of security professionals that respond to cyber-attacks.

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We were told by a person in the medical field that it is a California state law that you are not to collect money from a patient who has dental insurance until the insurance has been billed and paid. True or not?

There is no CA law prohibiting you from collecting a copay at the same time you are submitting a bill to the insurance company. You just must be sure to refund any overpayment (if there is one) as soon as you know it.

We have a patient who maxed out her insurance, and MetLife PPO is stating that we must honor the MetLife fee for the service that was not covered. Insurance is saying they are allowed to dictate how much we can charge so therefore we can't charge her our usual and customary fee for the procedure that they did not pay for. Doesn't the non-covered services bill passed in 2010 apply? BILL NO: AB 2275?

AB 2275 established a California law that says that to the extent an insurance company doesn't provide any coverage at all for a given procedure, you can bill your normal UCR. However, if they do provide coverage for the procedure but patient is maxed out on insurance coverage for that year, you are bound by their fee schedule.

We sent a patient to collections after insurance did not pay the claim for services. Two years later, patient wants copy of FMX and still refuses to pay balance sent to collections. Do we have to provide her a copy of x-rays never paid to us by patient or insurance company?

In response to your question regarding the release of patient records to a patient who owes you money, please look at New Jersey Administrative Code 13:30-8.7 e, which gives you a limited right to require payment as a condition of releasing records to the patient.

Responses provided by <u>Patrick Wood</u>, who is a member of the law firm Wood & Delgado and has been representing dentists for 34 years.

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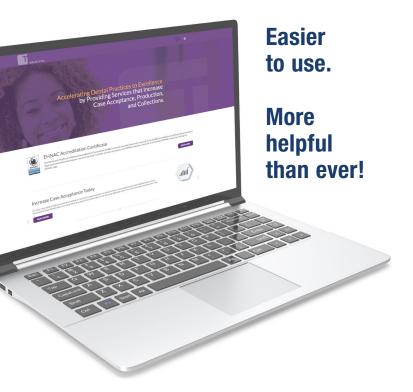
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Quote-Worthy

Almost implicit, because it was hard to find and gather information. But in the digital world, whether it's digital cameras or satellites or just what you click on, we need to have more explicit rules—not just for governments but for private companies.

- Bill Gates



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