

***Loma Linda University
All Undergraduate & Graduate Programs
Requirements for the Appropriate Use of PHI
Addendum to Syllabus, Prospectus Guidelines or other Program Material***

- Applicability: All Students (LLU Students in all schools/programs & Non-LLU Students)
- Purpose: To provide guidance and establish clear expectations for students regarding the appropriate access to and use of protected health information (PHI) during course studies and related program activities.
- Scope: PHI or Protected Health Information. Under the Health Insurance Portability and Accountability Act (HIPAA), patient health information is protected. Patient health information is considered protected if any of the identifiers listed under “List of Patient Identifiers” below is attached to medical information.

Requirements & Expectations

PHI may be accessed and used under the direction of the instructor for learning and education within the student’s formal field of study. In a course where PHI is needed to enhance and promote learning, students are allowed to access or use PHI in a manner consistent with expectations of the course and within the limits of information that would otherwise be accessed or used in the role of a licensed professional within the student’s formal field of study.

While in the possession of PHI belonging to LLU or its affiliates, students must assume legal responsibility and provide necessary security means to ensure data integrity and patient confidentiality. When authorized to store PHI on electronic portable devices e.g., laptops, the device must be password protected and encrypted using technology approved by LLUH Information Services Department. PHI must also be encrypted when there is an approved need for being transferred via the Internet e.g., email.

If PHI is not required to meet course objectives, accessing PHI via any means (including but not limited to access to hardcopy patient charts, computers, downloading of data to electronic devices (portable or otherwise) via USB ports, flash drives, and transferring data to LLU or non-LLU email accounts e.g., Yahoo, AOL, or other means), is strictly prohibited.

Students must adhere to all outlined guidance for the proper access to and use of PHI. Non-adherence to the requirements or established expectations regarding the access to, use or disclosure of PHI is subject to disciplinary action up to and including removal of the program.

1. Access to PHI

Access to copies of medical records must be within approved methods/channels (e.g., Health Information Management (HIM) Department) established by the hospital or entity holding the PHI. Students granted electronic system access are only allowed access to PHI when necessary to fulfill required course objectives (e.g., rotations, patient care and treatment). Students must not use their electronic health record system Signon/ access for any other purpose.

2. Minimum Necessary

Minimum necessary applies to all accesses to PHI. Minimum necessary means that students must only obtain the minimal amount of information necessary to complete the required course objective. The required course objective will be defined class by class by instructors and listed in the class syllabus.

3. De-Identification

Any PHI that is obtained to meet a required course objective must not leave the hospital or the entity holding the PHI. Only de-identified data can be removed from the facility. Students must obtain permission from the hospital or entity holding the data to access PHI for de-identification purposes. See the “List of Patient Identifiers” section below for the fields that must be removed in order to de-identify data. Copies of PHI can only be made with written approval by the entity holding the data. The written approval must include acknowledgement by the authorizing individual of the specific purpose of use of copies. Copies of PHI must be de-identified prior to leaving the hospital or entity.

4. Case Studies or Presentations involving Patients

If a unique case is described (i.e., disease name or treatment received), even if fully de-identified, and the identity of the patient may become apparent to the general public or to the patient or their family, authorization from the patient is required prior to disclosing the information as part of a case presentation, published article, meeting abstract, or any other form of public presentation.

IRB-approved recruitment practices should be followed in order to contact a patient or patients to acquire their authorization for disclosure of information for a case report. For example, if the case is being researched or presented by someone other than the treating physician, then the initial contact should be made by, or at least in collaboration with, the clinical department that treated the patient and with whom the patient is familiar. For further guidance on recruitment practices, refer to the LLU Investigator's Guide to HIPAA, found at <https://researchaffairs.llu.edu/research-compliance/human-studies/hipaa/investigators-guide-to-hipaa>.

5. Research

Research protocol/studies must be reviewed/approved through the Institutional Review Board (IRB). Visit the Office of Research Affairs website at <https://one.lluh.org/departments/llu/research-affairs> for special requirements associated with conducting research.

6. Other Publications

Students must not use PHI in any publication without a valid written authorization and approval from the following: Dean of School, Legal Counsel and Corporate Compliance.

7. Photographs

Photographs must not be taken of patients or any proprietary information (e.g., equipment, facilities) without obtaining appropriate consents and/or authorizations. If photographs are required for coursework, students must obtain documentation from the instructor that photographs are needed and must follow entity specific policy for taking photographs. Photographs or radiology images must be de-identified prior to being used at presentations. For patient photographs, written authorization to take, use or disclose the photograph must be obtained from the patient and forwarded to the HIM department to be scanned into the patient record. The consent form can be found at: https://llu.edu/sites/llu.edu/files/docs/video-prod/lluh_consent_form.pdf

Note: The term “photograph” means any motion picture or still photography, radiolo in any format, as well as video/digital tape, disc, or any other mechanical or electronic means of recording and reproducing images, including cell phones.

8. Disclosure

PHI accessed/learned/obtained from LLU or its affiliated entities must not be shared in any way with family members, friends, fellow students, other trainees or any other individual. Family/friends that come to visit may not visit in areas where PHI is easily accessible. Note: For patient care and training purposes, PHI can be shared with those that have a need to know in order to meet patient care and training objectives.

9. Disposal and Destruction of PHI

Immediately upon completion of its intended use, PHI that will not be placed in the patient medical record must be shredded. Destruction of PHI on media such as, but not limited to, CD/DVD, memory cards, hard drives, thumb drives, must be handled in accordance with policy to ensure proper destruction. Submit a request to dispose electronic media to the LLUSS IS Technical Services department via the ServiceNow portal and deliver the electronic media to be discarded to the LLUSS IS Technical Services staff at MC-B737 (in the basement of the Vintage Towers).

10. Incident Reporting

Students must report incidents of potential privacy or security breaches immediately to their instructor or Program Director as well to the Office of Corporate Compliance using one of the methods listed below.

Potential privacy or security breaches include but are not limited to events or incidents that may result in compromised patient data, loss/theft of patient chart(s) or electronic devices which store patient data, and possible harm to a patient due to use/disclosure of PHI in a manner contrary to stated guidance for the proper access to and use of PHI.

Loma Linda University Health
Office of Corporate Compliance

Phone: (909) 651-4200

Email: ComplianceAssistant@llu.edu

OnePortal page: <https://one.lluh.org/departments/ss/corporate-compliance>

List of Patient Identifiers to be Removed for De-Identification

To de-identify data, the following fields for the patient and of the patient's family or employer must be removed:

<i>List of Patient Identifiers</i>	
Names	Health plan beneficiary numbers
Addresses (geographic subdivisions smaller than a state)	Account numbers
Zip codes	Certificate/License Numbers
All elements of dates (except year) (e.g. birth/death; admission/discharge)	Vehicle identifiers/Serial numbers (e.g., driver's license numbers)
All ages over 89 and all elements of dates (including year)	Device identifiers
Telephone Numbers	Web Universal Resource Locators (URLs)
Fax Numbers	Internet Protocol (IP) address numbers
Email addresses	Biometric identifiers, including voice and finger prints
Social security numbers	Full face photographic images and any comparable images
Medical record numbers	Any other unique identifying number, characteristic, or code (e.g., birthmarks, tattoos, identifying anomalies)