

HIPAA Compliance

Protecting Patient Privacy: Everyone's Responsibility

What is HIPAA? HIPAA is the Health Insurance Portability & Accountability Act of 1996. The regulations enacted by the US Department of Health and Human Services to implement the Act provide new rules for how hospitals and other health care providers, such as UPMC, are permitted to use and disclose or lease patient information.

Who is affected? All health care organizations and providers, such as UPMC, our medical staff, and any member of UPMC's workforce are affected by HIPAA.

Are there any penalties? HIPAA calls for severe civil and criminal penalties for noncompliance, including fines up to \$25,000 for multiple violations of the same standard in a calendar year as well as \$250,000 and/or imprisonment up to 10 years for knowing misuse of identifiable patient information.

Privacy and Confidentiality In general, privacy refers to a patient's right to access his/her health information. This rule covers all individually identifiable health information that health care organizations and providers, such as UPMC, possess.

The Privacy Standards

- Limit the use and release of private health information without patient/parent consent;
- Give patients new rights to access their medical records and to know who else has accessed them;
- Restrict most disclosure of health information to the minimum needed for the intended purpose;
- Establish new criminal and civil sanctions for improper use or disclosure; and
- Establish new requirements for access to records by researchers and others.

Implementing HIPAA It is the policy of UPMC to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule pertaining to the use and disclosure of Protected Health Information (PHI). A number of policies have been developed to assist in our compliance efforts. A student's access to a patient's medical record shall only be with the written authorization of his/her UPMC sponsor.

Non-Compliance Your failure to abide by the HIPAA regulations and UPMC policies concerning patient information may result in your immediate dismissal from the Shadow Program, as well as all other penalties described above.

Program Participant (sign) _____ **Date** _____

This document is one part of the necessary documentation that needs to be completed before participating in an educational experience at UPMC. Educational experiences must be organized and pre-approved as indicated in the [policy](#) prior to completing this document. Direct any questions to a UPMC Human Resources business partner. Last modified June 9, 2025.