

Ethical and Legal Implications of Mandatory Reporting



**UNIVERSITY OF IDAHO
PROJECT ECHO**

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(8-24)**

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Written Materials

- Stanger, *Mandatory Disclosures for Healthcare Workers Under Idaho Law*, <https://www.hollandhart.com/mandatory-disclosures-for-healthcare-workers-under-idaho-law>
- Stanger, *Idaho's New Parental Consent Law: FAQs*, <https://www.hollandhart.com/idahos-new-parental-consent-law-faqs>
- Stanger, *Idaho's New Parental Access Law v. HIPAA*, <https://www.hollandhart.com/idahos-new-parental-access-law-v-hipaa>

Ethics v. Law

ETHICS

- “a set of moral principles : a theory or system of moral values”
- “the principles of conduct governing an individual or a group”

(<https://www.merriam-webster.com/dictionary/law>)

- Aspirational but usually not obligatory or enforceable by govt unless adopted by govt agency as law.

LAW

- “a binding custom or practice of a community : a rule of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority”
- “something compatible with or enforceable by established law”

- Obligatory and enforceable by govt agency through criminal, civil or administrative penalties.

Ethical Rules



American Medical Assn

- A physician shall respect the rights of patients and shall safeguard patient confidences and privacy within the constraints of the law.

(AMA Principles of Medical Ethics IV)

- Physicians and staff shall respect the patient's privacy and confidentiality.

(AMA Code of Med. Ethics Op. 1.1.3)

- Physicians have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient. With rare exceptions, patients are entitled to decide whether and to whom their personal health information is disclosed.

(AMA Code of Med. Ethics. Op. 3.2.2)

American Assn of Nurse Practitioners

- The NP maintains confidential records.
(American Assn of Nurse Practitioners Standards of Practice)

American Academy of PAs

General Rule

- PAs have an obligation to keep info in the patient's medical record confidential.
- Info should be released only with the written permission of the patient or the patient's legally authorized representative.

(AAPA Guidelines for Ethical Conduct)

Exceptions

- Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse).
- It is important that a PA be familiar with and understand the laws and regs in his or her jurisdiction that relate to the release of information.

American Counseling Assn

- **General Rule:** “Counselors protect the confidential info of prospective and current clients. Counselors disclose info only with appropriate consent or with sound legal or ethical justification.”

(ACA Code of Ethics B.1.c.)

- **Idaho adopts ACA and AAMFT Code of Ethics; licensees must comply with Codes.**

(IDAPA 24.15.01.002 and -200).

- **Exceptions:**

- Disclosure required to protect clients or identified others from serious and foreseeable harm.
- Legal requirements demand that confidential info must be revealed.
- Court-ordered disclosure.

- Inform and involve client in decision and disclose minimum necessary.

(ACA Code of Ethics B.2.a. and B.2.e.)

National Assn of Social Workers

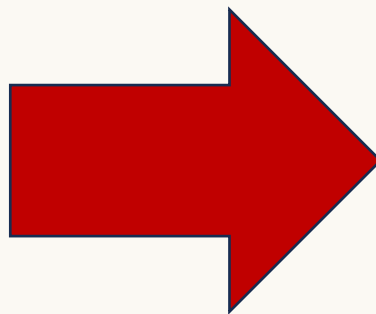


(NASW Code of Ethics)

- *I don't know because I could not access the code without buying it...*
- But see IDAPA
24.14.01.200.1.

Ethical Rules

- Ethical rules generally contemplate laws and regs affecting disclosures.
- Conflict between ethical rules and applicable laws and regs?



- Comply with laws and regs.

Laws and Regs



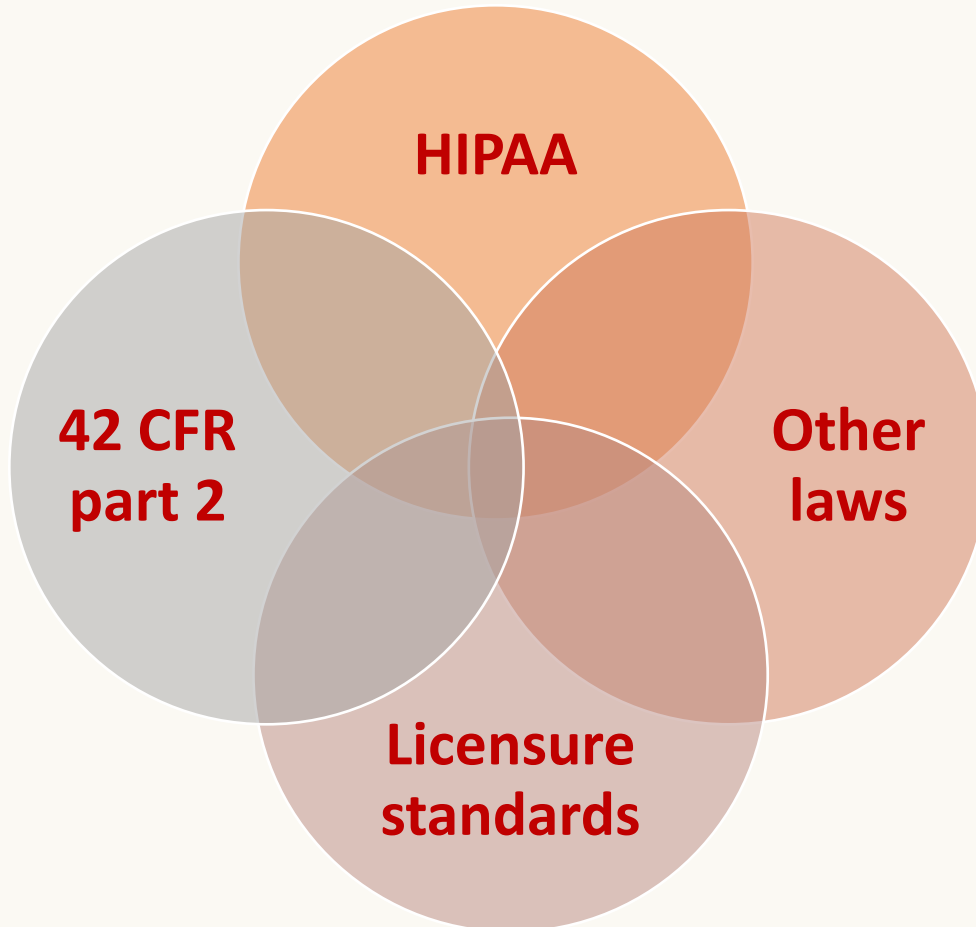
Licensing Statutes and Regs

- Physicians and PAs must safeguard the confidentiality of medical records or other medical information pertaining to identifiable patients, except as required or authorized by law. (IC 54-1814(13))
- Nurses and NPs must respect the patient's privacy. (IDAPA 24.34.01.200.02)
- Counselors must comply with ACA Code of Ethics, e.g., not disclose client info subject to exceptions. (IDAPA 24.15.01.002.01)
- Social workers must safeguard information given by clients in providing client services. (IDAPA 24.14.01.200.1)

Laws and Regulations

- Health Insurance Portability and Accountability Act (HIPAA), 45 CFR part 164
- Substance Use Disorder Program Rules, 42 CFR part 2
- Idaho Medical Consent Act, IC 39-4503 et seq.
- Parents' Rights in Medical Decision-Making Act, IC 32-1015

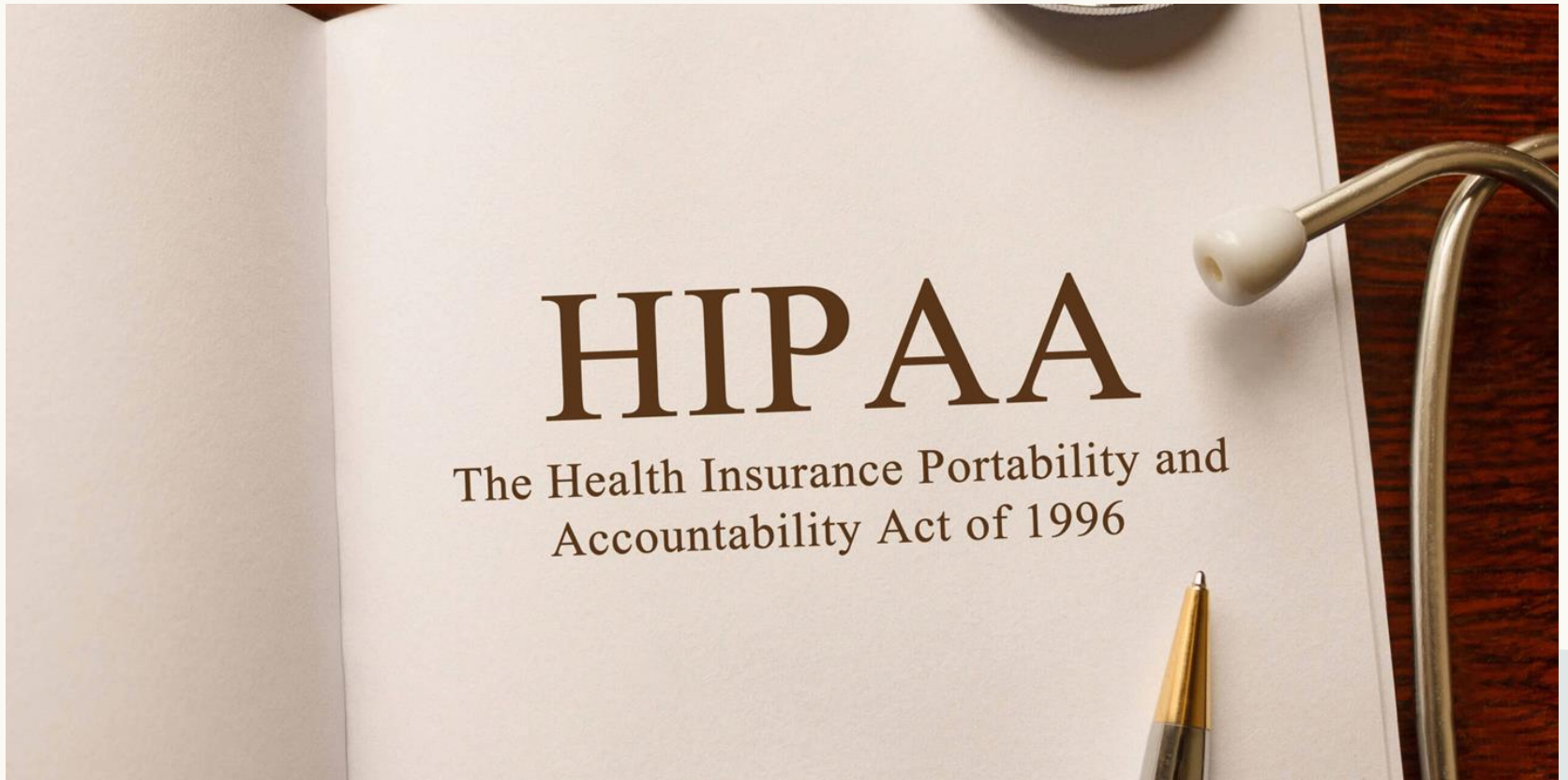
LAWS OVERLAP AND MAY CONFLICT



Comply with:

- The one that provides the most protection to info; and
- The one that gives the patient the most rights to their info.

HIPAA



HIPAA Penalties

CIVIL

- \$127 to \$63,973 per violation up to \$1,919,173 per type of violation per year
 - \$25,000 fine by state AG
 - Breach report to patient and HHS
 - Employment sanctions
 - Possible lawsuits
- (45 CFR 102.3 and 160.404)

CRIMINAL

- \$50,000 to \$250,000
 - Up to 10 years in prison
- (42 USC 1320d-6)

HIPAA Covered Entities

- Covered entities
 - Health care providers who engage in certain electronic transactions.
 - Health plans, including employee group health plans if:
 - 50 or more participants; or
 - Administered by third party (e.g., TPA or insurer).
 - Health care clearinghouses.
- Business associates of covered entities
 - Entities with whom you share PHI to perform services on your behalf.

(45 CFR 160.103)

HIPAA

Protected Health Info

- Protected health info (PHI) =
 - Individually identifiable health info, i.e., info that could reasonably be used to identify individual,
 - Concerns physical or mental health, health care, or payment,
 - Created or received by covered entity in its capacity as a healthcare provider, and
 - Maintained in any form or medium, e.g., oral, paper, electronic, images, etc.

(45 CFR 160.103)

- Includes names, addresses, numbers, photos, or other info that may reasonably identify the individual.

HIPAA Privacy Rules

- **General Rule:** cannot access, use or disclose PHI without patient's or personal rep's HIPAA-compliant authorization.
- **Exceptions:**
 - For treatment, payment or certain healthcare operations.
 - Beware agreements to limit disclosures.
 - To family members and others involved in care if satisfy certain exceptions.
 - Fit within a HIPAA for certain safety or govt purposes.

(45 CFR 164.502-.512)

Disclosure to Patient or Personal Reps



Patient Access

- **General Rule:** patient has a right to access their PHI.
 - **Exceptions:**
 - Psychotherapy notes, i.e., mental health provider's notes re conversation during counseling session separated from rest of medical record. (45 CFR 164.501)
 - PHI obtained from other person under promise of confidentiality and access would disclose other person.
 - Access likely to endanger patient or other person.*
 - Request by personal rep and provider believes access would cause substantial harm to patient or other person.*
- * Subject to review by another provider.

(45 CFR 164.524)

Personal Rep: HIPAA

- **General Rule:** must treat personal rep as if they are the patient.
 - Personal rep generally has right to access patient's PHI to extent patient may access.
 - Subject to exceptions to patient access.
- **Personal rep** = person with authority to make healthcare decisions for the patient.

(45 CFR 164.502(g))

Consent: Idaho Law

Any person may consent for or refuse their own care if they “comprehend the need for, the nature of, and the significant risks ordinarily inherent in any contemplated health care....”

(IC 39-4503)

If **person lacks capacity** or **minor**:

- Court-appointed guardian
- Agent named in advance care planning document
- Spouse
- Adult child
- Parent
- Delegation of parental authority
- Relative
- Person responsible for care

(IC 39-4504)

Minor Consent: Idaho Law (before 7/1/24)

EMANCIPATED MINORS

Minors are emancipated and may consent to own care if:

- Married or have been married. (See IC 16-2403, 18-604, and 66-402)
- Serving in active military (See 18-604)
- Minor living on own and self supporting (See IC 66-402(6) and 32-104)
- Court order declaring emancipation (See IC 16-2403)
- Not pregnancy. (See IC 18-602(d) and -609A)

UNEMANCIPATED MINORS

May consent to own care if:

- Sufficiently mature: contraceptives (IC 18-604)
- Family planning under Title X programs (42 CFR 59.11)
- Age 14: communicable diseases (IC 39-3801)
- Age 14: admission to mental health facility (IC 66-318(b))
- Age 16: treatment or rehab by physician for drug abuse (IC 37-3102)

Minor Consent: Parental Rights Law (7/1/24)

- “An individual shall not furnish a health care service ... to a minor child without obtaining the prior consent of the minor child’s parent.”
 - “Health care service” = service for the diagnosis, screening, examination, prevention, treatment, cure, care, or relief of any physical or mental health condition, injury, illness, defect, disease.
 - “Minor child” = unemancipated person < 18.
 - “Parent” = biological or adoptive parent or an individual who has been granted exclusive right and authority over the welfare of a child under state law.
- Violation: parent may sue for damages, costs and fees.

(IC 32-1015)

Minor Consent: Parental Rights Law (7/1/24)

- “No health care provider or governmental entity shall deny a minor child’s parent access to health information that is ... in such health care provider’s ... control.”
 - "Health info" = info or data, collected or recorded in any form or medium, and personal facts about events or relationships that relates to:
 - (i) Past, present, or future physical, mental, or behavioral health or condition of individual or member of individual’s family;
 - (ii) Provision of health care services to an individual; or
 - (iii) Payment for the provision of health care services to an individual.
- Violation: parent may sue for damages, costs and fees.

(IC 32-1015)

Minor Consent: Idaho Law (7/1/24)

UNEMANCIPATED MINORS

Minors may consent to own care:

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- Age 16: treatment or rehab by physician for drug abuse (IC 37-3102)



NEW LAW (EFF. 7/1/24)

Must have parent consent to treat unemancipated minor unless:

- Have parent's blanket consent,
- Court order, or
- Medical emergency + try to obtain parental consent. (IC 32-1015)

Minor Consent: Idaho Law

Does IC 32-1015 preempt prior laws that allow minors to consent?

- Statute states, “This section shall be construed in favor of a broad protection of parents’ fundamental right to make decisions concerning the furnishing of health care services to minor children.” (IC 32-1015(7))
- SB1329 Statement of Purpose: “the Act is intended to supersede any current provisions of Idaho law that may otherwise conflict with the Act.” (<https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2024/legislation/S1329SOP.pdf>)
- Idaho courts often look to Statement of Purpose to determine legislative intent and interpret law. (*Farmers Nat’l Bank v. Green River Dairy, LLC*, 155 Idaho 853, 860 at n.4 (2014))
- General principle: if there is conflict, later law preempts earlier conflicting law v. specific law preempts conflicting general law.

Personal Reps: Idaho Law (7/1/24)

INCOMPETENT ADULTS

- Court-appointed guardian
 - Agent named in advance care planning document
 - Spouse
 - Adult child
 - Parent
 - Delegation of parental authority
 - Relative
 - Person responsible for care
- (IC 39-4504)

UNEMANCIPATED MINORS

- **Must have parental consent to treat minor except:**
 - Parent's blanket consent,
 - Court order, or
 - Medical emergency + try to obtain parental consent.
- (IC 32-1015)

Personal Reps: HIPAA v. Idaho Law

HIPAA

- Generally, defers to state law re parental access, but...
- May choose not to treat personal rep as patient if:
 - Abuse or endangerment of patient, and
 - Believe access not in patient's best interest.
- May deny access if patient not entitled to access info.

(45 CFR 164.502(g))



NEW LAW (EFF 7/1/24)

- Parents have right to access unemancipated minor's records except:
 - Court order otherwise.
 - Parent is subject of investigation for crime against child + officer requests that info not be disclosed to parent.

(IC 32-1015)

Personal Reps: Noncustodial Parents

- Noncustodial parent generally has right to access child's records.
 - “Notwithstanding any other provisions of law, access to records and information pertaining to a minor child including, but not limited to, medical, dental, [and] health records, shall not be denied to a parent because the parent is not the child's custodial parent. “
 - “However, information concerning the minor child's address shall be deleted from such records to a parent, if the custodial parent has advised the records custodian in writing to do so.”

(IC 32-717A)

Access by Patient or Personal Rep



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Office for Civil Rights Impo

ing to Provide Timely Access to P...

\$100,000 Civil Monetary Penalty



FOR IMMEDIATE RELEASE

April 1, 2024

Contact: HHS Press Office

202-690-6343

media@hhs.gov

HHS Office for Civil Rights Imposes a Civil Monetary Penalty on New Jersey Nursing Facility for Failing to Provide Timely Access to Patient Records

Essex Residential Care, LLC, to pay \$100,000 after failing to comply with HIPAA Right of Access

48th case
under OCR's
Right of
Access
Initiative

Reproductive Health Info

- Applies to PHI re “reproductive health care”, i.e., “healthcare that that affects the heath of an individual in all matters relating to the reproductive system and to its functions and processes.”

(45 CFR 160.103)

- If reproductive healthcare is legal, covered entities may not disclose reproductive healthcare PHI for purposes of criminal, civil or administrative liability or investigation.

(45 CFR 502(a)(5))

- Must obtain attestation from persons seeking reproductive healthcare PHI.

(45 CFR 509)



**Very
limited
scope**

Disclosures Required by Law



Disclosures Required by Law

- May use or disclose PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

(45 CFR 164.512(a))

- Only applies to disclosures required by law, not allowed by law.

(78 FR 5618)

Threat to Identified Person

- Mental health professional (i.e., physician, counselor, psychologist, social worker, or licensed professional nurse) has a duty to warn a victim if a patient has communicated an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such a threat.

(IC 6-1902)

- Good faith report = immunity.
- Failure to report = potential lawsuit per *Tarasoff*.

(IC 6-1904)

Child Abuse or Neglect

- Any person must report if have reason to believe child < 18 has been abused, abandoned or neglected.
 - Failure to report = misdemeanor.
 - Good faith report = immunity.

(IC 16-1605; *see also* 45 CFR 164.512(b))

- ✓ When in doubt, call CPS, explain situation without disclosing PHI, and confirm whether it is reportable.

Vulnerable Adult Abuse or Neglect

- Licensed medical professionals, facility employees, and social workers must report if have reasonable cause to believe that a vulnerable adult has been maltreated.
 - Failure to report = misdemeanor.
 - Good faith report = immunity

(IC 39-5303; *see also* 45 CFR 164.512(c))

- Must notify individual that report is made unless doing so would place the person at risk of serious harm.

(45 CFR 164.512(c))

- ✓ When in doubt, call APS, explain situation without disclosing PHI, and confirm whether it is reportable.

Abuse in Facility

- Hospital staff must report potential abuse or neglect of a patient to appropriate legal entity.

(IDAPA 16.14.220.12)

- SNF personnel must immediately report all alleged violations involving neglect, abuse, and/ injuries of unknown source.

(42 CFR 483.10(j) and -483.12(c))

- RALFs must incidents, accidents and allegations of abuse, neglect or exploitation to BFS.

(IDAPA 16.03.22.161.08)

Treatment of Victim of Crime or Firearms

- Hospital personnel must notify law enforcement upon treatment or request for treatment when the person has reason to believe the person received:
 - Injury inflicted by a firearm; or
 - Injury indicating the person may have been the victim of a crime.

(IC 39-1390)

- Good faith report = immunity
- Failure to report = no express penalty listed.

(IC 39-1390)

Certain Diseases or Conditions

Must report:

- Blood tests which confirm the presence of blood-transmitted or bodily fluid-transmitted virus or disease. (IC 39-4505)
- Certain reportable infectious, contagious, or communicable diseases. (IDAPA 16.02.10.20)
- Venereal disease. (IC 39-602)
- Births, deaths, stillborns, and induced abortions. (IC 39-255, -260, -261, and -272)
- Inflammation of eyes of newborn. (IC 39-902)
- Results of PKU tests. (IC 39-909)
- Diversion of controlled substance. (DEA Diversion Control Program; 21 CFR 1301.76)

Permitted Disclosures



- HIPAA allows but does not require other disclosures.
- But beware:
 - Ethical obligations.
 - Other laws, regs or court orders that require disclosures.

Avert Serious Harm

- HIPAA allows disclosure if:
 - Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
 - Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; and
 - Is consistent with applicable law and ethical conduct.

(45 CFR 164.512(j))

- Presumed to have acted in good faith if belief based on covered entity's actual knowledge or reliance on credible representation by person with apparent knowledge.

(Id.)

Public Health Activities

May disclose for certain public health activities.

- To public health authority authorized to receive info to prevent disease or injury.
- To a person at risk of contracting or spreading disease if covered entity is authorized by law to contact person.
- For certain FDA-related actions.
- Immunization info to school if patient or personal rep consents.

(45 CFR 164.512(b))

Health Oversight

May disclose to health oversight agency for oversight activities authorized by law.

- Includes audits; investigations; inspections; or civil, criminal, or administrative proceedings.
- Relates to
 - Oversight of health care system.
 - Eligibility for benefits under gov't programs.
 - Compliance with gov't programs.
 - Compliance with civil rights laws.

(45 CFR 164.512(d))

Judicial or Admin Actions

May disclose PHI if—

- Order signed by judge or administrative tribunal.
- Subpoena, discovery request, or legal process not accompanied by court order if either:
 - Reasonable steps taken to ensure patient has been given notice and a chance to object, e.g.,
 - Satisfactory written assurances
 - Notify patient yourself
 - Reasonable steps have been taken to obtain a protective order.

(45 CFR 164.512(e))

✓ But do not ignore subpoena or order.

Law Enforcement

May disclose PHI to law enforcement if:

- Court order, subpoena or warrant signed by judge
- Report crime if reporter is a victim of the crime
 - Only limited info may be provided
- Report crime on premises
- Report death of person resulting from criminal conduct
- In response to law enforcement request to help locate a fugitive, suspect, victim, missing person, or witness
 - Only limited info may be provided
- In response to request if officer asks for patient by name
 - Only disclose patient's location in facility and general condition.

(45 CFR 164.512(f))

Workers Compensation

May disclose PHI as authorized and to the extent necessary to comply with workers comp laws, i.e.,

- Information relevant to a claim.
- To claimant, surety, and attorneys.

(45 CFR 164.512(l))

- Idaho requires provider to produce records relevant to the claim.

(IC 72-432(11); IDAPA 17.01.01.404.01)

Other Permitted Exceptions

- Correctional facilities.
- Coroners, medical examiners, and funeral directives.
- Cadaveric organ, eye or tissue donation.
- Research purposes.
- Military and veterans activities.
- National security and intelligence activities.

(45 CFR 164.512)

Minimum Necessary Standard

- Cannot use or disclose more PHI than is reasonably necessary for intended purpose.
- Minimum necessary standard does not apply to disclosures to:
 - Patient or personal rep.
 - Provider for treatment.
 - Per individual's authorization.
 - As required by law.
- May rely on judgment of:
 - Another covered entity.
 - Professional within the covered entity.
 - Business associate for professional services.
 - Public official for permitted disclosure.

(45 CFR 164.502 and -.514)

Other Patient Rights

Under HIPAA, patient or personal rep has right to:

- Obtain Notice of Privacy Practices
 - Describes permissible uses and disclosures.
- Request restrictions on use or disclosure for treatment, payment or healthcare operations.
 - Not required to agree.
- Direct that electronic records be sent to a third party.
- Request amendment of record.
 - But not required to agree if, e.g., record correct.
- Obtain an accounting of certain disclosures, including improper disclosures and disclosures per HIPAA exceptions in .512 and (45 CFR 164.520-.528)

Breach Notification

If there is “breach” of “unsecured PHI”,

- Covered entity must notify:
 - Each individual whose unsecured PHI has been or reasonably believed to have been accessed, acquired, used, or disclosed.
 - HHS.
 - Local media, if breach involves > 500 persons in a state.
 - Business associate must notify covered entity.
- (45 CFR 164.400 et seq.)

42 CFR Part 2 Rules



42 CFR Part 2

- Applies to info that:
 - Identifies a patient as having, having had, or referred for a substance use disorder; and
 - Is created, received, or acquired by a federally assisted SUD program.
- Applies to:
 - Federally assisted SUD program.
 - Recipients of SUD info.
- Prohibits use or disclosure of SUD info unless:
 - Have patient consent, or
 - Fit within limited exception permitting disclosure.
- Must provide notice of Part 2 obligations to most recipients.
- Most recipients must comply with Part 2 obligations.

(42 CFR 2.11-2.13)

Disclosure of SUD Info

WITH PATIENT CONSENT

- Consent for treatment, payment and operations: may obtain one consent for all such future uses.
- Other purposes: as specified in consent.
- ✓ Consent must contain required elements.
- ✓ Provide copy of consent + notice of Part 2 obligations with disclosure.

(42 CFR 2.31-2.33)

WITHOUT PATIENT CONSENT

- Within Part 2 program if need to know.
- Between Part 2 program and direct admin control.
- To qualified service organization if have QSOA.
- Report to law enforcement re crime on premises or threat against program personnel.
- Report suspected child abuse or neglect.

(42 CFR 2.12(c))

- Disclosure of de-identified info for public health purposes.
- Medical emergency.
- Scientific research subject to conditions.
- Audits and investigations subject to conditions.
- Per compliant order + subpoena.

(42 CFR 2.51-2.67)

42 CFR Part 2: Minor Patients

- If minor ~~may~~ consent to SUD care under state law, minor controls disclosure of their SUD info.
 - Program may not disclose SUD info to parent/guardian without minor's consent, including disclosures to obtain payment.
 - Program may refuse to provide care unless consent is given.
- If minor may not consent to care under state law:
 - May not disclose minor's request for treatment to parent/guardian unless:
 - Minor gives written consent to disclose to parent/guardian, or
 - Minor lacks capacity to make rational decisions.
 - Any consent for disclosure to others must be given by minor and parent/guardian.
- Facts re substantial threat to minor or other person may be disclosed to parent/guardian if:
 - Minor lacks capacity to make rational decision due to age or mental or physical condition; and
 - Disclosure may reduce substantial threat to well-being of minor or other person.

(42 CFR 2.14)

Info Blocking Rule



Info Blocking Rule

- Applies to “actors”
 - Healthcare providers.
 - Developers or offerors of certified health IT.
 - Not providers who develop their own IT.
 - Health info network/exchange.

(45 CFR 171.101)

- Prohibits info blocking, i.e., practice that is likely to interfere with access, exchange, or use of electronic health info, and
- Provider: knows practice is unreasonable and likely to interfere.
- Developer/HIN/HIE: knows or should know practice is likely to interfere.

(45 CFR 171.103)

Info Blocking Rule: Examples

INFO BLOCKING

- Refusing to timely respond to requests.
- Charging excessive fees.
- Imposing unreasonable administrative hurdles.
- Imposing unreasonable contract terms, e.g., EHR agreements, BAAs, etc.
- Implementing health IT in nonstandard ways that increase the burden.
- Others?

NOT INFO BLOCKING

- Action required by law.
 - HIPAA, 42 CFR part 2, state privacy laws, etc.
 - Laws require conditions before disclosure and condition not satisfied, e.g., patient consent.
- Action is reasonable under the circumstances.
- Action fits within regulatory exception.

Additional Resources



http://www.hhs.gov/hipaa/

for Profession x
www.hhs.gov/hipaa/for-professionals/index.html

HHS.gov Health Information Privacy

U.S. Department of Health & Human Services

I'm looking for...



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FAQs for Professionals

Other Administrative Simplification Rules

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HIPAA for Professionals

To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, included Administrative Simplification provisions that required HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information.

- HHS published a final [Privacy Rule](#) in December 2000, which was later modified in August 2002. This Rule set national standards for the protection of individually identifiable health information by three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct the standard health care transactions electronically. Compliance with the Privacy Rule was required as of April 14, 2003 (April 14, 2004, for small health plans).
- HHS published a final [Security Rule](#) in February 2003. This Rule sets national standards for protecting the confidentiality, integrity, and availability of electronic protected health information. Compliance with the Security Rule was required as of April 20, 2005 (April 20, 2006 for small health plans).
- The [Enforcement Rule](#) provides standards for the enforcement of all the Administrative Simplification Rules.
- HHS enacted a [final Omnibus rule](#) that implements a number of provisions of the HITECH Act to strengthen the privacy and security protections for health information established under HIPAA, finalizing the [Breach Notification Rule](#).
- [View the Combined Regulation Text](#) (as of March 2013). This is an unofficial version that presents all the HIPAA regulatory standards in one document. The official version of all federal regulations is published in the Code of Federal Regulations (CFR). View the official versions at 45 C.F.R. [Part](#)

Questions?

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