

HIPAA Case Examples

Please note that the following case studies relate to uncomplicated patient/family situations and dynamics. If there are known conflicts, social issues or if the patient is “no information” status, responses should be discussed and determined by the patient and team and incorporated as a part of the plan of care in order to maintain a consistent approach.

HIPAA allows for communicating with family and friends - the caveat being that the health care provider has asked and the capacitated patient has granted permission. When possible or practicable, determine with the patient and family if it is okay discuss the patient’s condition with family members and/or friends.

Case Study 1

You answer the phone in the nursing station. The person states that they are Mr. Smith’s son and just want to know how he is doing today. You just left Mr. Smith sitting in his room, eating lunch.

Responding to this question does not necessarily violate confidentiality – and nurses have a responsibility to maintain patient/family trust and act in good faith. In most cases, it would be appropriate to say something like “Mr. Smith is fine – I just left his room and he is sitting up eating lunch”. If this response does not feel comfortable, ask the caller to hold – then check with Mr. Smith about taking a call or giving information to the caller.

Case Study 2

The phone in the nursing station rings. You answer it. The person asks to have the call transferred into Mrs. Jones’ room. Just 1/2 hour ago, Mrs. Jones was transferred to the MICU after being found in cardiac arrest.

This one is a little tougher. Patient placement information is generally obtainable from the hospital operator.

In the interest of good faith and trust, it is again important to give as much information as possible, without causing undue alarm or harm.

Some clarifying information is important: Who is the caller? A family member or a friend? Has the family been notified?

One approach in this case would be to inform the caller that the patient has had a change in condition that requires closer observation and they have been transferred to another unit. Obtain information about who is calling, get a number and let the person know that someone will get back to them.

Case Study #3

A professionally dressed woman walks into the nursing station. She states that she is an attorney for Mr. Taylor in room 16 and that he has given her permission to review his medical record.

Clearly it is inappropriate for an attorney (or anyone else associated with the patient who does not have an immediate “need to know”) to review an open medical record. Hospitals have legal mechanisms for providing medical records to those people with legitimate consent from the patient or surrogate. Check your institutional policy.

Case Study #4

A reporter from the local newspaper calls your unit requesting an appointment to visit a patient for a photograph and to interview him about an accident he was in.

Your response in this situation will depend on the patient’s condition. If the patient is awake and alert, they may choose who can visit them. If the patient lacks decision-making capacity, it would not be appropriate unless the surrogate decision-maker agreed and was present. Generally, your hospital’s public affairs office will also want to know about this situation. Under some circumstances, the hospital public affairs office may want to be present or accompany a reporter – not only to ensure this patient’s rights but also to guard against the unintentional breach of other patients confidentiality.

Case Study #5

A resident that you know from a previous rotation walks into the nursing station. He is not on service for any patients on your unit. He asks how Ms. Perkins (a patient who is a nurse you know he has dated) is doing, picks up her medical record and starts looking her lab up on the station computer.

This is an egregious violation of the patient’s confidentiality. You have the responsibility to question and advise the resident of the inappropriateness of his actions and the fact that his behavior will be reported if it continues. If for some reason you are unable to act – you must engage the chain of command to ensure that this situation is addressed.

Case Study #6

You are in the elevator and overhear two health care professionals discussing a case. They are not using names, but it is clear that they are trading stories and that a relative or friend would recognize who was being discussed.

The behavior must be stopped – but you must also keep your actions professional.

Consider the situation – and use a means to interrupt the conversation until you can address the behavior in a more direct fashion.

If others are on the elevator, consider touching the person on the shoulder and saying “excuse me” – they should get the message.

When appropriate, you can remind them about our collective duty to uphold patient confidentiality.

Case Study #7

You are on your way to see a patient when you see a person with a badge from a local skilled nursing facility reviewing a patient chart in the nursing station. You are aware that the patient is awaiting placement.

In most situations it would be inappropriate to have an employee from an outside agency have full access to a patient’s open medical record.

It is likely that supervision by an institutional employee or supervisor is required.

Check your institutional policy.