DOCTORS, COVERED ENTITIES, AND HIPAA

OR: HOW WE LEARNED TO STOP WORRYING AND LOVE THE PHI

RESTRICTED AND UNRESTRICTED ARCHIVAL RECORDS

- The archivist must weigh the risks of making personal information or confidential institutional records accessible
- Options
  - Redacting the sensitive information in the document
  - Restricting entire document
  - Not accepting documents that contain sensitive or confidential information

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

- Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to improve the efficiency and effectiveness of the healthcare system
- First set of proposed “Code Set” standards published in 1999
- First proposals for the Privacy Rule emerged in 2000; modified in August 2002
- Compliance of this rule was required in April 2003 by individuals, organizations, and agencies that met the definition of **covered entity**.

HIPAA AND COVERED ENTITIES

What is a covered entity?

- Health care providers
- Health plans
- Health care clearinghouses

Personal Health Information (PHI) or 18 HIPAA identifiers includes**:

- Names
- Addresses
- Dates, except year
- Social Security Number
- Medical record number
- Full-face photographs and any comparable images

**Consult resources (slide at end) for full list of identifiers

HIPAA OMNIBUS RULE OF 2013

- Records with PHI are legally available 50 years after the patient's death.
- Must have the death date of the individual to makes these records available
- Trying to find the death date of each individual that has PHI in an archival collection can before burdensome

RESTRICTED!

HIPAA in collections always equals restrictions

LEGACY COLLECTIONS

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY RECORDS

15a-3

1

October 1960 Total 113

[redacted]	[redacted]	[redacted]	A95656000	[redacted]	None	Premat labor. Bleeding. Late second trimester	neg	N.D	Sp.	120/90 11:59 am 17200 Proto Dis 0 Rare RBC Few epith cells. 9	9	0.0 0.40 1.0 3.0	LOT	9:30 pm	10:20 pm Exp.	200	Regional Ann Rit	Spontaneous	Fundal expulsion placenta intact	7.0	Premature	Fr
			E826120000		office		neg	0.5	Sp.	120/70 13:19 am 26/100 Prot 1+ Dis 0 1-2 WBC Rare RBC	7	15 32 0.4 5.1	OA	7:00 pm	7:17 pm Exp.	250	Rit	Spontaneous	Fundal expulsion placenta intact	7.0	Term	Fr
			D543423-03		MC	RMD. Treatment MF AF + AS	N.D	Sp		160/85 8:00 12900 27 Prot Dis 0 few bacteria Occ RBC 7-8 WBC	3	0.0 0.43 1.0 5.8	OA	7:00 pm	6:42 am Exp	200	Cardiac work Nutrition Tight Rit	Low forceps Right lat very low	Fundal expulsion placenta intact	7.0	Term	Fr
			F34696	4-1-3	OPC		neg	N.D	Sp.	110/60 13:59 am Proto Dis 0 occ epith 2-3 WBC Occ RBC	2	0 0.5 0.2 0.7	OA	11:00 am	11:20 am Exp.	150	Rit	Cervical Tear Hemorrhage Tachycardia	Fundal expulsion placenta intact	7.0	Term	Male
			A48780	2-1-1	OPC		neg	21 27 31 N.D 17 8½ 12	Sp.	104/70 14:59 am 17160 2+ Prot Dis 0 Occ from Granule cut 10-15 WBC 8-10 epith cells	6 7	4.5 1.5 0.7 0.7	OA	?	10:00 pm Exp.	200	Rit	Cervical tear Hemorrhage	Fundal expulsion placenta intact	7.0	Premature	Fr
			F24387	6-1-5	OPC		neg	8.5 12 N.R	Sp.	120/80 13:9 am 8:20 Prot 0 Dis 0 4-6 WBC Occ RBC	5	4.5 0.5 0.4 5.2	OA		8:18 pm S.P.		Rit	Spontaneous Repair Cervical tear	Fundal expulsion placenta intact	7.0	Term	Fr
			F33643	1-0-1	MC		neg	8.5	Sp.	122/80 13:20 am 17,100 Proto Dis 0 Occ WBC 0 epith cells	4	0 1.5 0.7 2.2	OA	12:00 pm	12:15 pm Exp.	200	Rit	Spontaneous	Fundal expulsion placenta intact	7.0	Term	Fr
			A86813	4-0-3	OPC	H & P. Pre-eclampsia Chronic	neg	N.D.	Sp.	220/120 9:14 am 7600 1+ Prot 1+ Sugar 17 epi 1-3 WBC Few RBC	11 11	2.0 0.5 1.7 4.2	OA	1:00 pm	1:55 pm Exp	200	Cardiac work Nutrition Tachycardia	Spontaneous breech	Fundal expulsion placenta intact	7.0	Term	Male

Nov. 1960

Vari Acad 75 Burn

Premature Labor Rht	Spontaneous M.L. Episio	Local infiltr. 1% xylocaine Nitrous	N.D	Premature	Female	790	27				Neonatal Aug 10, 1956 premat [redacted]	Hysterical seen in Psychiatry Quite depressive reaction	130/90 170 ##	opc Cervix		
Rht	Spontaneous L.M.N. Episio	Saddle Bl. Nitrous.	N.D	Term	Female	2855	47	1	0	Low	0		Bord	N.D	opc Cervix	
Cord around neck, x Tightly Rht	Low forceps right lat vag. lac.	Pudd. Bl. 1% xylocaine Nitrous	12:59 pm Hour all! Lee RBC 16 WBC 26 casts Loaded spick cells.	Term	Female	2900	52	0	0	Low	0		Bord	N.D.	opc Cervix	
Rht	Assisted Frank breech Anesthesia 17° Eth.	Local infiltr. 1% xylocaine Nitrous	14 gm N.D	Term	Male	3195	50	0	0	Low	0		Bord	N.D 100/70 179 ##	opc White	
Rht	Assisted L.M.L. Episio	Frank breech Nitrous 1% cycl.	A/G/L. Sev. Fetal Office neg.	Premature	Female	2310	50.5	0	0	Low	0		Bord	N.D	opc White	110/80 137 ##
Rht	Spontaneous Repair Cervical lac.	Pudd. Bl. 1% xylocaine Nitrous	N.D	Term	Male	3505	51	0	0	Low	0		Bord	120/70 127 ##	opc White	
Rht Cord around neck, x	Spontaneous M.L. Episio	Pudd. Bl 1% xylocaine Nitrous	N.D.	Term	Male	3710	53	0	0	Low	0		Bord	120/80 116 ½ ##	opc White	
Pre-eclampsia Severe HCV, this Shoulder dystocia	Spontaneous Instrum	Nitrous Na oxytal 15 mm morphine	10:29 pm Bl T. alb. Occ. 0 Lotted c WBC & RBC Urine dark 75	Term	Female	4300	55.5	0	0	Low	0 Jaundice Hyperbilirubinemia		Bord	140/100 254 ##	opc White	

WALTER KEMPNER PAPERS AND RECORDS

Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 149
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 150
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 152
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 148
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 151
Duke University
Medical Center Archives
Walter Kempner Papers and Records
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Box 153
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Box 154
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Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 157
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 159
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 156
Duke University
Medical Center Archives
Walter Kempner Papers and Records
MC0038
Box 158

April 5, 1897

DUKE HOSPITAL

Name Adcock, Jesse Lee History No. B 13717 Ward Long Sex M Age 46 Height 71" Occupation textile worker Admissions Sept. 11

Diagnosis Hypertensive cardio vascular renal disease, Papilledema Onset of Disease — Treatment Before Starting K-Regime Start of K-Regime Sept. 16th '43

Periods of Strict K-Regime Sept. 16 Periods of Modified Regime Modifications Eyeground Photographs (dates) 9/14/43

Date 1943	Blood Pressure mm Hg	Weight kg	Blood: Hemoglobin %	RBC Million	WBC	Sed. Rate Corr. mm	N.P.N. mg %	Urea N mg %	Urea Ratio %	CO_2 C.P. Vol. %	Plasma or Serum: Proteins: Total gm %	Albumin gm %	Globulin gm %	A/G Ratio	Chlorides mg %	Calcium mg %	Phosphorus mg %	Cholesterol mg %	Total Volume cc. From — To —	Urine: Reaction	Spec. Grav.	WBC	RBC	Benz.	Casts	Albumin %	Total in 24 hrs.: Albumin gm	Nitrogen gm	Urea gm	Tests: Sod. Amytal (NaO.2 gr) Minimal Reading mm Hg	Cold Pressor Maximal Reading mm Hg	Urea Clearance % of Normal	PSP % Excretion	Mosenthal Minimal-Maximal Spec. Grav.	Eyes	Fat gm	EKG — X-Rays: By Mouth: Carbohydrate gm	Fluids cc	Parenterally or by Rectum: Carbohydrate gm	Fluids cc	Total Intake: Calories	Fluids cc	Additional Medication	Remarks
Sept. 11		85.8	100	5.01	6120	8														a	1022			o	1-2 hyal. gran.	tr. .01											T1-4↓							House diet
12	198/138	84.9																	1960	n	1013		very occ.	o	o	o								1.002-1.020			LAD						1000		
13	208/118						35	21.2	61		6.8	4.2	2.6	1.6	568	9.8	2.8	205	830							.025		6.6 (930cc)	10.1	158/114					HEAD photos				15.9	34.7			3070		Sugar 82. E.K.G.
14	184/124																			a	1009	occ.	occ.	tr.	o	.050							30 20 10 10 70						C.T. = .46				4850		NH3(u) 20.1
15	188/108	84.9																								.050																	3740		NH3(u) 22.1 Cl(u) 225.6
16	196/118																		1050													85.5 ↓ 67.5												1050		Rice diet 2000 cal Juices 1000 cc.
17																																													
18																																													
19	168/116	83																	1000																								1000		
20	170/118																		1600																								1000		Cl(u) 102
21	162/110	79.75																	700	n	1009	few	few	o		o																		970		NH3(u) 12.7 Cl(u) 36
22	158/108																		1000																								1000		
23	180/122																		1600							.02		4.6 (1200cc)	2.2														800 ~~1128~~		NH3: 132.6
24	166/120 ~~198/130~~																		1150	n	1012			o	occ. hyal	tr.																	800		
25	160/114																		1500																								800		
26	160/114																		1350																								800		Cl: 46.8
27	158/112																		1400	a	1021	0-2	o	o	few hyal	.015											T1↓		14.7	33.5			800		E.K.G. Cl: 31.2
28	180/126	78.3																	1300							.02											T4↑		C.T. = .44				800		
29	164/100		113	5.4	8880														1500	a	1026	occ.	o	o	many hyal	.025											No AD						800		
30	160/112																		1300							.025																	800		
Oct. 1	158/106		116	5.4	9160														900	a	1024	0-1	o	o	few hyal.	.025	0.21																800		Cl: 25.2
2	156/110																		800																								800		
3	146/104	77.5																	1000	a	1010	occ.	o	o	occ. hyal.	.025																	800		
4	150/110		117	5.91	8400														1300									4.5 (1252 cc)	7.5								T1-4↓ Bored. AD						800		EKG Cl: 26.4
5	162/112						33								524			168																											
Oct. 19	128/84	76	99	4.99	6120	14																									94/80		20 13 5 4												
20	114/76	75.9					36	90	32.50		6.8	3.6	3.1	1.1	564	9.8	3.0		1126									3.9 (200cc)	3.5										15.8 C.T. = .46	34.1			1470		E.K.G.

BINDING MARGIN 1/2" 12.1

Adcock

PROCESSING AS A COVERED ENTITY

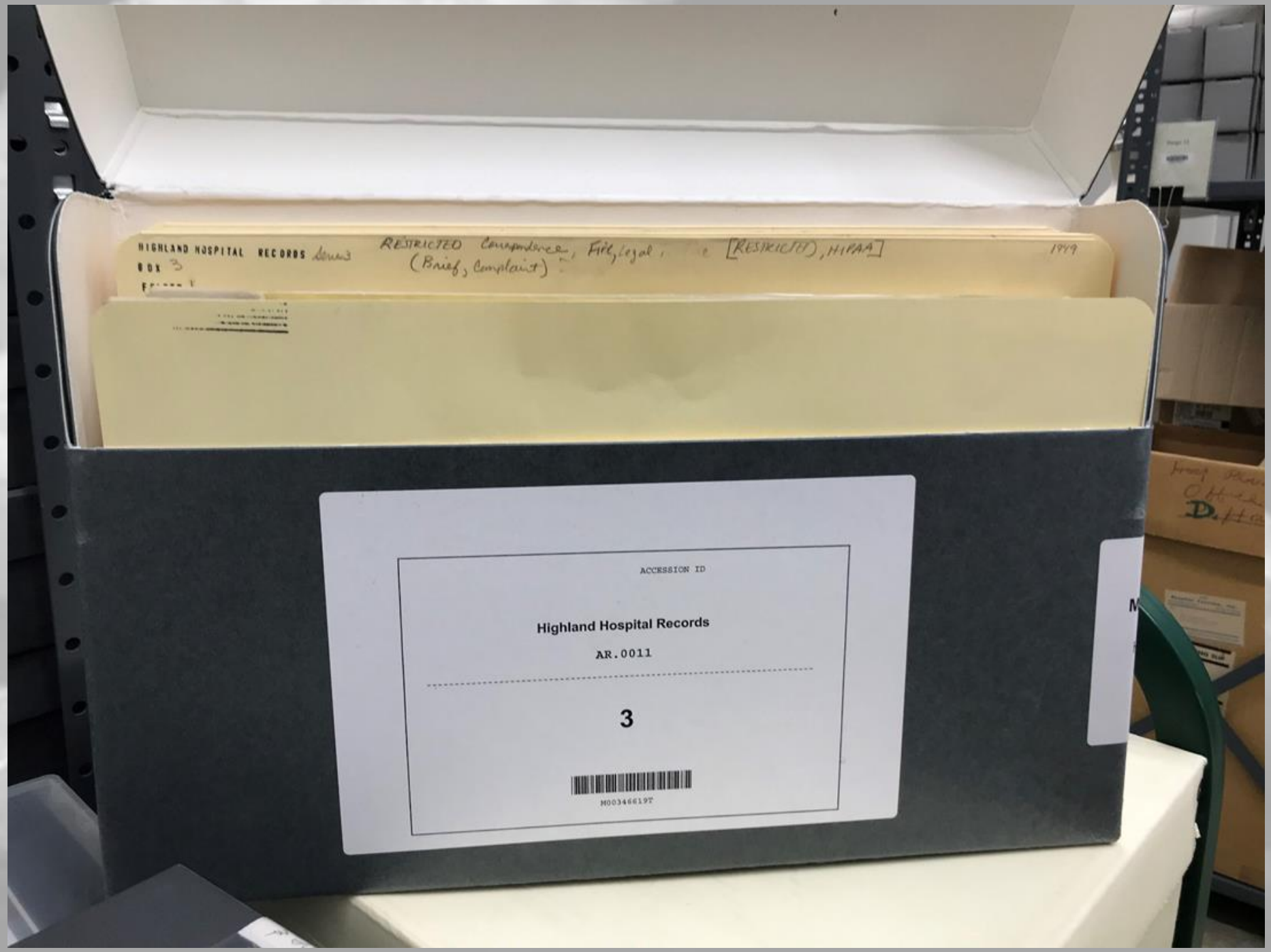
- Access is always the goal
- Historic risk adverse mentality combined with More Product Less Process (MPLP)*
- Indicated but did not separate PHI
- Pushed researchers towards the IRB approval.

*MPLP at a medical archives is an entirely different presentation

Correspondence: Medical Director,
Bennett, B. T., 1946

S

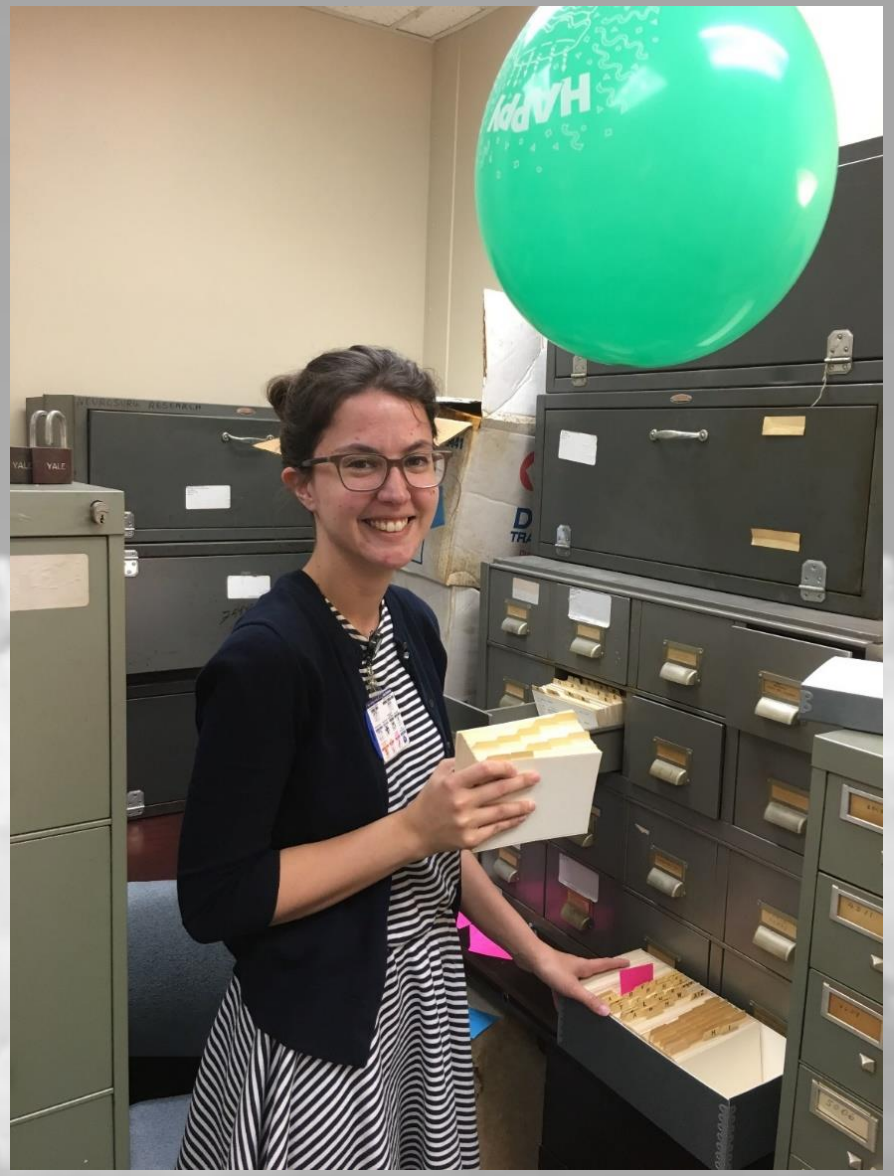
Correspondence: Fire, Legal, 1949


HIGHLAND HOSPITAL RECORDS
BOX 3
RESTRICTED Correspondence, Fill, Legal, [RESTRICTED], HIPAA
(Brief, Complaint)
1949
ACCESSION ID
Highland Hospital Records
AR.0011
3
M003466197

REPROCESSING FOR ACCESS: HIGHLAND HOSPITAL RECORDS

- Extent: 4.3 Linear Feet (2 cartons, 1 half manuscript box, 1 map folder, 1 map tube)
- PHI identified in
  - Correspondence
  - Financial Statements
  - Medical Director Reports
  - Minutes and Board Correspondence
- All PHI moved to a Restricted Series

DEPARTMENT OF NEUROSURGERY RECORDS



Lucy Waldrop (left) and archives intern, Kahlee Leingang (right) pack up the Department of Neurosurgery materials

DEPARTMENT OF NEUROSURGERY RECORDS

- New collection
- Extent: 12.34 Linear Feet (1 half manuscript box, 15 card boxes, 152 film canisters, 1 audio box) and 1 artifact
- PHI identified in
  - Notecards
  - 16mm film reels
  - Audio reel

DEPARTMENT OF NEUROSURGERY RECORDS

[Patient Information Removed], Ocular, Pain Pt., [Patient Information Removed], 1968-1969	Box Reel 62
[Patient Information Removed], Thalamic Syndrome, 1969	Box Reel 63
[Patient Information Removed], Pain Films, Dr. B. S. Nashold, undated	Box Reel 64
[Patient Information Removed] (13), undated	Box Reel 65
[Patient Information Removed], Drug Toxicity - Antabuse, [Patient Information Removed], undated	Box Reel 66
[Patient Information Removed], Ear Irrigation Trauma, [Patient Information Removed] (1), February 11, 1971	Box Reel 67
[Patient Information Removed] (18), 1969	Box Reel 68
Unidentified Film 10 (Strip Missing), undated	Box Reel 69
[Patient Information Removed], undated	Box Reel 70
[Patient Information Removed], Segment Missing on Epilepsy Movie, [Patient Information Removed], undated	Box Reel 71
[Patient Information Removed], January 25, 1971	Box Reel 72
[Patient Information Removed], December 19, 1969	Box Reel 73
Va Pts. [?] [Patient Information Removed], undated	Box Reel 74
Parkinson Pre & Post Op, [Patient Information Removed]; [Patient Information Removed] (DT), undated	Box Reel 75
Parkinson No [5/S?]: [Patient Information Removed]; [Patient Information Removed]; [Patient Information Removed], 1962	Box Reel 76
[Patient Information Removed], Parkinson, 1961-1962	Box Reel 77
Pre & Post. Op: [Patient Information Removed], Parkinson; [Patient Information Removed], Parkinson; [Patient Information Removed], Parkinson, 1961-1962	Box Reel 78
Pre & Post Op:[Patient Information Removed], Parkinson; [Patient Information Removed], Parkinson, 1961-1962	Box Reel 79
Pre & Post Op: [Patient Information Removed], Parkinson; [Patient Information Removed], Parkinson, 1961-1962	Box Reel 80
Unidentified Film 11, 1961-1962	Box Reel 81

CONCLUSIONS FOR PROCESSING

- Identifying and restricting PHI at the time of accessioning and processing, gives the archivist more control over the records
- Processing materials with PHI requires more effort on the front end and is not always ideal or doable based on staffing and resources
- If you are able to spend the time identifying and segregating records with PHI, the end result is
  - the non-HIPAA content is easily accessible
  - the HIPAA content is made discoverable and available—with proper IRB approval—for future research.

CONCLUSIONS FOR ACCESS

- All collections are different and every research project is different!
- Good reference interviews are important.
- Understand what you can and cannot do and WHY and then be able to clearly articulate both.
- Find other people at your institution to support you.
- Do your due diligence, document everything well, and then don’t stress!

RESOURCES

Archival Collections:

- Walter Kempner Papers and Records, Duke University Medical Center Archives.
- Department of Obstetrics and Gynecology Records, Duke University Medical Center Archives.
- Highland Hospital Papers, Duke University Medical Center Archives.
- Department of Neurosurgery, Duke University Medical Center Archives.

HIPAA Resources:

- https://www.hipaaguide.net/hipaa-for-dummies/
- https://www.hhs.gov/hipaa/index.html
- https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/combined-regulation-text/omnibus-hipaa-rulemaking/index.html

YEEHAW!

CONTACT US!

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Duke University Medical Center Archives
https://archives.mc.duke.edu/