

HIPAA Cheat Sheet

- **Assess only the health information you need to do your job.**
- **Don't leave private client information (electronic or paper) unattended.**
- **Store private health information ONLY on laptops, tablets, storage media or other portable devices authorized or approved for use by our organization.**
- **Do not discuss or post images of residents or any private health information on any social media sites, such as Facebook or Twitter, and do not engage with others on social media (even if they initiate it) in ways that relate to clients.**
- **Immediately notify your supervisor or our organization's Privacy Official if you believe private health information has been lost, stolen or accessed inappropriately.**
- **Use encryption when sending emails about residents whenever possible.**
- **Create difficult passwords and keep your passwords secret.**
- **Never download apps on work phones or computers without approval.**
- **Always lock vehicles to avoid theft of laptops or phones.**
- **When on duty, use phones & computers for work ONLY, except for small amounts of time for *necessary* personal things: RESIDENTS DESERVE OUR FULL ATTENTION & PROTECTION!**
- **Do not share any Medical Information about any Choices employees.
Example: Do not share the reason why staff is unable to come into work.**
- **Do not share any Personal or Identifying information with anyone who is not a "Need to Know" who is not working directly with the individuals.**
- **If there is a picture taken on your personal device - You have 24 hours to send the picture to our Office Manager at dcochran@cicloh.com then you must delete the picture immediately.**
- **When you are done working make sure you promptly sign out of your email, Acceltrax, Provide HT and QuickMar.**

- If you are concerned there has been a HIPAA violation please submit as such on the Forms page under the “Confidential Privacy Violation” link.

1. I understand and agree to maintain the confidentiality of privileged information of Choices In Community Living, Inc. Further, I understand that any unauthorized use or disclosure of information residing on the Organization’s information resource system may result in disciplinary action consistent with the policies and procedures of federal, state and local agencies.
2. I understand that within the scope of my duties I may need to photograph and share information about a resident or client on my personal mobile device or personal e-mail account. I understand that any such images and corresponding communication are confidential, and I pledge to share such information only with those having an authorized need to know. I pledge to delete any such images and corresponding communications once my work-related tasks are completed. I will not share or discuss any such images or information in any way outside the course of pursuing necessary aid to clients.

Printed Name

Signature

Date

Printed Name

Authorized Signature/Witness

Date