

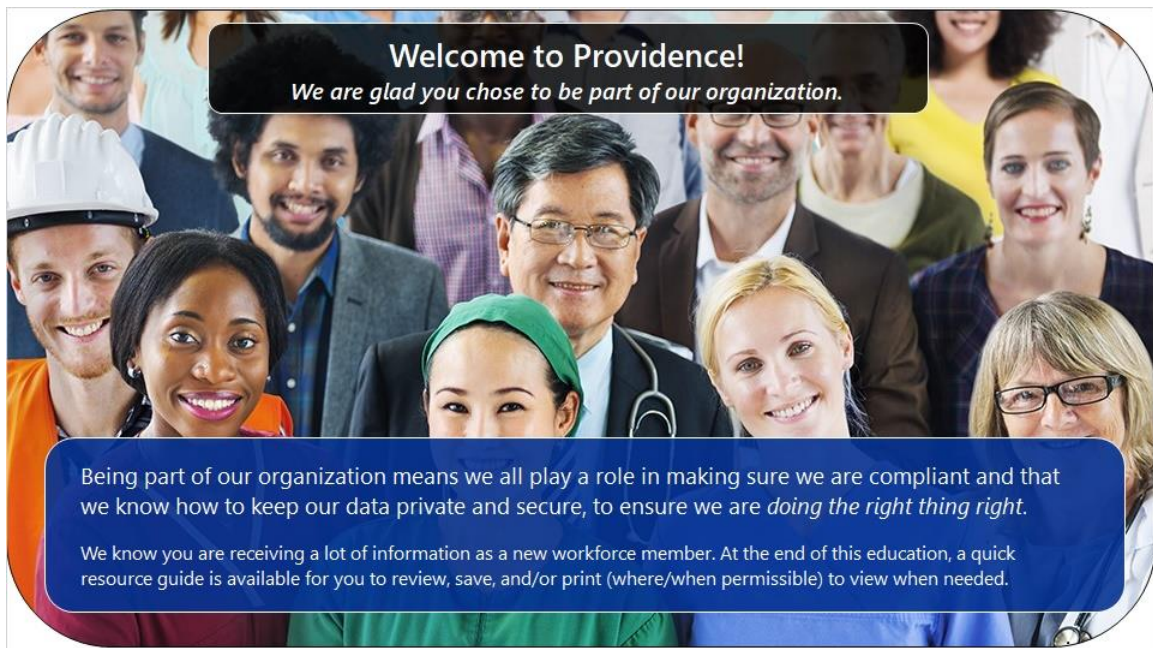
# Compliance, Privacy and Security Education

## RIS Compliance



Please note that this course contains links to internal Providence documents and websites. If you are taking the course from outside Providence you will not be able to access these links, but will otherwise be able to complete the course.

**Compliance, Privacy and Security Education  
For New Workforce Members**  
*(Caregivers, Contractors, Vendors and Providers)*



**Welcome to Providence!**  
*We are glad you chose to be part of our organization.*

Being part of our organization means we all play a role in making sure we are compliant and that we know how to keep our data private and secure, to ensure we are *doing the right thing right*.

We know you are receiving a lot of information as a new workforce member. At the end of this education, a quick resource guide is available for you to review, save, and/or print (where/when permissible) to view when needed.

## New Hire Education FAQ

*Click the buttons below for answers to these frequently asked questions.*



Why do I have to take this education?



Who provides this education?



How long will this take?



What does this cover?



Is there a test at the end?

## New Hire Education FAQ

*Click the buttons below for answers to these frequently asked questions.*



Why do I have to take this education?



Who provides this education?



How long will this take?



What does this cover?



Is there a test at the end?

Compliance education is required by Providence policy and the US Department of Health and Human Services Office of Inspector General (OIG) for all workforce members, no matter their role or how many hours they work. It is required upon hire and annually thereafter.

## New Hire Education FAQ

Click the buttons below for answers to these frequently asked questions.



Why do I have to take this education?



Who provides this education?



How long will this take?



What does this cover?



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*Risk and Integrity Services (RIS) - Compliance* is responsible for creating the content and assigning this education.

## New Hire Education FAQ

Click the buttons below for answers to these frequently asked questions.



Why do I have to take this education?



Who provides this education?



How long will this take?



What does this cover?




Is there a test at the end?

This education will take about an hour (60 minutes) of your uninterrupted time, but you can stop at anytime, if necessary, and come back to the slide you left.

## New Hire Education FAQ

*Click the buttons below for answers to these frequently asked questions.*

 Why do I have to take this education?

 Who provides this education?

 How long will this take?

 What does this cover?

 Is there a test at the end?

This education will cover an overview of our compliance, privacy, security programs and their requirements, best practices, healthcare laws, annual workforce member requirements, how to report a concern, and how to find more information when needed.

## New Hire Education FAQ

*Click the buttons below for answers to these frequently asked questions.*

 Why do I have to take this education?

 Who provides this education?

 How long will this take?

 What does this cover?

 Is there a test at the end?

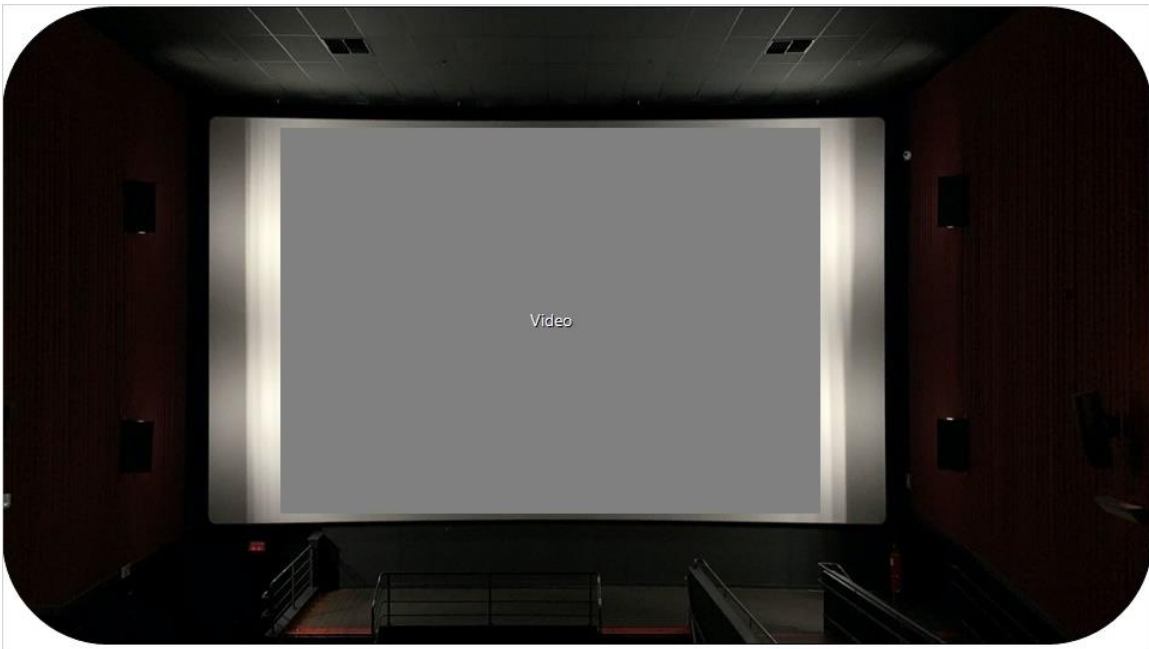
Yes, there is a 12-question test at the end that you must pass with at least an 80% to show completion.



# Course Objectives

## This course will:

- ✓ Introduce new workforce members to Providence's compliance, privacy, and security programs
- ✓ Review annual compliance program requirements
- ✓ Provide an overview of important healthcare laws that all workforce members need to be aware of
- ✓ Outline the different ways to report a concern and how to access the Integrity Hotline
- ✓ Share resources that can be accessed/used after completing this education




[LINK TO VIDEO](#)

Click each button for an overview of these programs.

*Once you have completed each section, you will be able to continue to the course conclusion and post-test.*

 Compliance Program

 Privacy Program

 Information Security Program

*Click the NEXT button to continue to the conclusion and post-test.*

## Compliance Program

### Compliance Program Overview

- The Compliance Program is part of the division *Risk and Integrity Services* (RIS). Most of our intranet sites and communications will showcase *RIS* to call out ownership.
- Compliance Programs are important to organizations because its main function is to recognize and prevent regulatory risk. By preventing risk, we are protecting our organization, workforce members, patients, and communities we serve.



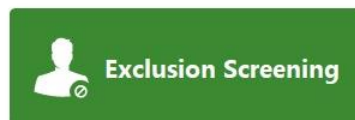
## Compliance Program Overview

- Healthcare is one of the most regulated industries in the United States and it is the Compliance Program's responsibility to educate and bring awareness to the various laws that Providence must follow to stay in good standing with the government. Compliance at Providence means *doing the right thing right*. It is understanding our policies and the laws in order to make the right and legal decision and when unsure, **asking for guidance**.
- Compliance applies to all workforce members and should be part of everyone's daily work interactions. Everyone should be able to recognize if something seems off and know what to do. The Compliance Program relies heavily on *your help* to report anything that might be against policy and/or the law.



## Compliance Program Functions

*Click each button below to learn more about these important compliance program functions.  
Once you have completed each section, you will be able to click NEXT to continue.*



## Compliance Related Healthcare Laws

In addition to overseeing the clinical and medical sides of healthcare, many laws oversee the business and financial sides as well. These laws were put in place to protect our patients, you as a workforce member, and our organization. All workforce members need to know these laws exist, understand what they are, and recognize non-compliance.



## Physician Referrals (Stark Law)

*Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.*

The Stark Law prohibits *physicians* from making referrals for specific types of services (called *Designated Health Services, DHS*) to entities that the physician or their immediate family has a financial relationship, except in certain circumstances. A financial relationship could be ownership of a company that would receive referred patients from Providence.

### Designated Health Services (DHS)

- Laboratory
- Physical, speech, and occupational therapy
- Radiology and imaging (ex: MRI, CT, Ultrasound)
- Radiation therapy and supplies
- Prosthetics/devices
- Orthotics and supplies
- Home health services and supplies
- Outpatient prescription drugs
- Outpatient/inpatient hospital services



## False Claims Act (FCA)

Prohibits **knowingly** submitting false or fraudulent claims for payment.

The FCA covers fraudulent claims paid by a government program such as Medicare or Medicaid. Submitting a claim for a payment that contains false or fraudulent information could trigger the FCA. Only services that were medically necessary, provided, and documented in the medical record should be sent for payment.

### Documentation must:


- Be clear and to the point.
- Identify who requested and provided the services performed.
- Support all services billed, including laboratory tests, medications, and therapy sessions.

### To avoid violating the FCA, do not:

- Change a diagnosis for the single purpose of getting a claim reimbursed.
- Falsify statements in the medical record to receive payment.
- Bill for services not provided or documented.

## Anti-Kickback Statute (AKS)

Prohibits providing a reward or inducement for patient referrals.

The AKS prohibits giving or receiving anything of value in exchange for patient referrals who will receive treatment paid for by government healthcare programs such as Medicare or Medicaid, unless the Safe Harbor  exception is met.

The AKS is a federal law that applies to anyone within an organization who is in a position to make or influence referrals. The law includes activities such as:

- Discounts or Rebates
- Kickbacks
- Bribes

### Examples of AKS violations include:

- Payments to physicians or facilities for referrals.
- Reimbursing the cost of a physician's travel and expenses for a conference in exchange for referrals.
- Free or significantly discounted office space or equipment in exchange for referrals.

## Fraud, Waste and Abuse (FWA) Prevention

*Prohibits the over-utilization of services or other practices that result in unnecessary costs.*

**Click each term below to review the definition.**

Fraud

Waste

Abuse

## Fraud, Waste and Abuse (FWA) Prevention

*Prohibits the over-utilization of services or other practices that result in unnecessary costs.*

**Click each term below to review the definition.**

Fraud

Waste

Abuse

An *intentional* deception or misrepresentation made by someone *with knowledge* that the deception will result in benefit or financial gain. Fraud can be committed by any person or entity in the healthcare delivery chain.

## Fraud, Waste and Abuse (FWA) Prevention

*Prohibits the over-utilization of services or other practices that result in unnecessary costs.*

**Click each term below to review the definition.**

Fraud

Waste

Abuse

Includes any practice that results in an unnecessary use or consumption of financial or medical resources.

## Fraud, Waste and Abuse (FWA) Prevention

*Prohibits the over-utilization of services or other practices that result in unnecessary costs.*

**Click each term below to review the definition.**

Fraud

Waste

Abuse

A practice that is inconsistent with accepted business or medical practices or standards and that results in unnecessary cost. Abuse can be thought of as potential fraud, where the provider's *intent may have been unclear*, the *intent cannot be determined*.

## Emergency Medical Treatment and Labor Act (EMTALA)

*Ensures equal access to emergency services for everyone.*

EMTALA requires Medicare-participating hospitals (which Providence is) with emergency departments (ED) to screen and treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed, or color.

*EMTALA applies when an individual comes to an ED, including anywhere on hospital campus.*

### Hospitals have three main obligations under EMTALA:

- Any individual who requests medical treatment must receive a medical screening examination to determine whether an emergency medical condition exists. Examination and treatment cannot be delayed to inquire about methods of payment or insurance coverage. EDs must post signs that notify patients and visitors of their rights to a medical screening examination and treatment.
- If an emergency medical condition exists, treatment must be provided until the emergency medical condition is resolved or stabilized. If the hospital does not have the capability to treat the emergency medical condition, an "appropriate" transfer of the patient to another hospital must be done in accordance with the EMTALA provisions.
- Hospitals with specialized capabilities are obligated to accept transfers from hospitals who lack the capability to treat unstable emergency medical conditions.

## Emergency Medical Treatment and Labor Act (EMTALA)

*Ensures equal access to emergency services for everyone.*

What does **every workforce member** need to know about EMTALA?

- Whether you are a clinical or a non-clinical caregiver, if you come across someone on hospital grounds that seems to need emergency care, get them to the emergency department as quickly as possible. Do not delay care to acquire any kind of financial or insurance information.
- Do not ask a patient with an emergency condition for proof of insurance or any payment information before their emergency condition is resolved or stabilized.

What do **clinical workforce members** (working in the ED) need to know?

- You should document every single aspect of the patient's ED visit in the medical record. Because EMTALA ensures fair treatment to every individual that comes to the ED, investigators look for unequal or inconsistent treatment of patients. With clear and detailed documentation, there leaves no question about the services provided to the patient or whether a transfer was appropriate. Every individual who comes to your ED with certain symptoms should receive the same treatment as others who present to your ED with those same symptoms. Every facility's protocols will likely vary. Make sure that you and your facility abide by this rule and document everything.



## Emergency Medical Treatment and Labor Act (EMTALA)

*Ensures equal access to emergency services for everyone.*

A hospital must report to CMS or the state survey agency any time it has reason to believe it may have received an individual who has been transferred in an unstable emergency medical condition from another hospital in violation of EMTALA. The report must be made within **72 hours** of the transfer.

If you believe your facility is the receiving hospital for an inappropriate transfer under EMTALA, please contact your regional Compliance Officer or call the Integrity Hotline as quickly as possible.

### **Penalties for violating EMTALA:**

- Termination of the hospital or physician's Medicare provider agreement
- Hospital fines up to \$104,826 per violation
- Physician fines \$50,000 per violation, including on-call physicians
- The hospital may be sued for personal injury in civil court
- A receiving facility, having suffered financial loss as a result of another hospital's violation of EMTALA, can bring suit to recover damages

## Emergency Medical Treatment and Labor Act (EMTALA)

*Ensures equal access to emergency services for everyone.*

### **Additional resources for all workforce members:**

- HealthStream Module: *PSJH: EMTALA - Emergency Medical Treatment and Labor Act*
- [Providence EMTALA FAQ](#)
- <https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet/#:~:text=EMTALA%20requires%20Medicare%2Dparticipating%20hospitals,%2C%20race%2C%20creed%20or%20color.>
- <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA>.
- <https://files.asprtracie.hhs.gov/documents/aspr-tracie-fact-sheet-emtala-and-disasters.pdf>.

## Washington State Law for Healthcare Providers



On March 25, 2020, Governor Jay Inslee signed into law the Engrossed Substitute House Bill 1608.

The law, Engrossed Substitute House Bill 1608, prohibits health care entities from limiting health care providers' ability to give medically accurate information to their patients if a provider is acting in good faith, within the provider's scope of practice, education, training, and experience, including specialty areas of practice and board certification, and within the accepted standard of care. This includes information related to the Death with Dignity Act (RCW 70.245).

As health care entities, Providence and Western HealthConnect and their affiliated providers, including but not limited to PH&S-Washington, Swedish, Kadlec and PacMed, are required to provide information (that was created by the Department of Health) regarding this law to all new caregivers and on a yearly basis thereafter. [Please visit this site to learn more.](#)

A one-page handout that health care professionals can print and use for easy reference is available at: <https://www.doh.wa.gov/Portals/1/Documents/2300/20/Providing-Information-to-Patients-HB1608-2020.pdf>.

## Knowledge Check: Compliance Related Healthcare Laws

Use the drop down lists on the right to select the correct description for each law, then click "SUBMIT".

Physician Referrals (Stark Law)

Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.

False Claims Act (FCA)

Prohibits knowingly submitting false or fraudulent claims for payment.

Anti-Kickback Statute (AKS)

Prohibits providing a reward or inducement for patient referrals.

Fraud, Waste and Abuse (FWA) Prevention

Prohibits the overutilization of services or other practices that result in unnecessary costs.

EMTALA

Ensures equal access to emergency services for everyone.

Correct

Choice

Physician Referrals (Stark Law)

Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.

False Claims Act (FCA)	Prohibits knowingly submitting false or fraudulent claims for payment.
Anti-Kickback Statute (AKS)	Prohibits providing a reward or inducement for patient referrals.
Fraud, Waste and Abuse (FWA) Prevention	Prohibits the overutilization of services or other practices that result in unnecessary costs.
EMTALA	Ensures equal access to emergency services for everyone.

**Feedback when correct:**

That's right!

**Feedback when incorrect:**

Physician Referrals (Stark Law) = Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.

False Claims Act (FCA) = Prohibits knowingly submitting false or fraudulent claims for payment.

Anti-Kickback Statute (AKS) = Prohibits providing a reward or inducement for patient referrals.

Fraud, Waste, and Abuse (FWA) Prevention = Prohibits the overutilization of services or other practices that result in unnecessary costs.

EMTALA = Ensure equal access to emergency services for everyone.

### Correct (Slide Layer)

**Knowledge Check:  
Compliance Related Healthcare Laws**

Use the drop down menu to select the correct answer. Click "SUBMIT".

Physician Referrals = Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.

False Claims Act (FCA) = Prohibits knowingly submitting false or fraudulent claims for payment.

Anti-Kickback Statute (AKS) = Prohibits providing a reward or inducement for patient referrals.

Fraud, Waste and Abuse (FWA) Prevention = Prohibits the overutilization of services or other practices that result in unnecessary costs.

EMTALA = Ensures equal access to emergency services for everyone.

**Correct**  
That's right!

Continue

### Incorrect (Slide Layer)

**Knowledge Check:  
Compliance Related Healthcare Laws**

Use the drop down menu to select the correct answer. Click "SUBMIT".

Physician Referrals = Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.

False Claims Act (FCA) = Prohibits knowingly submitting false or fraudulent claims for payment.

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Fraud, Waste and Abuse (FWA) Prevention = Prohibits the overutilization of services or other practices that result in unnecessary costs.

EMTALA = Ensures equal access to emergency services for everyone.

**Incorrect**

**Physician Referrals (Stark Law)** = Prohibits physicians from referring patients to agencies they have a financial relationship with except under specific circumstances.  
**False Claims Act (FCA)** = Prohibits knowingly submitting false or fraudulent claims for payment.  
**Anti-Kickback Statute (AKS)** = Prohibits providing a reward or inducement for patient referrals.  
**Fraud, Waste, and Abuse (FWA) Prevention** = Prohibits the overutilization of services or other practices that result in unnecessary costs.  
**EMTALA** = Ensure equal access to emergency services for everyone.

Continue



## Try Again (Slide Layer)

### Knowledge Check: Compliance Related Healthcare Laws

Use the drop down menu to select the correct answer. Click "SUBMIT".

Physician Referral

False Claims Act (FCA)

Anti-Kickback Statute

Fraud, Waste and Abuse

EMTALA

Ensures equal access to emergency services for everyone.

Incorrect

That is incorrect. Please try again.

Try Again

They have a

for payment.

errals.

that result in


## Exclusion Screening Program

Per the Social Security Act, government offices can exclude (*remove*) an individual or an entity (vendor) for a certain amount of time for a variety of reasons:

- Suspended or revoked license
- Criminal activity
- Conviction due to patient abuse
- Health care fraud
- Default on federal loans or support payments

Lists of these excluded individuals and entities are maintained by the government.

*Anyone (such as Providence) who hires an individual or partners with an entity on these lists may be subject to penalties and possible suspensions from participation in government health care programs.*



# Compliance Program Requirements

**There are two requirements that the compliance program launches annually:**

- Education
- Conflicts of Interest Disclosures

*Click NEXT to learn more about these requirements.*



## Compliance Program Requirements: Education

Why is education required upon hire and annually thereafter?

How will it be delivered?

Is there other required compliance education?

Where can I go to learn more about the Compliance Education Program?

Compliance, privacy, and security education is required for all workforce members, no matter their role or how many hours they work.

**It is required upon hire and annually thereafter.**

*Click each tab to learn more*

## Compliance Program Requirements: Education


Why is education required upon hire and annually thereafter?

How will it be delivered?

Is there other required compliance education?

Where can I go to learn more about the Compliance Education Program?

Here are a few reasons why Providence requires all workforce members to complete annual education:

- There are many laws and regulations that we must abide by in order to continue operating, maintain our good standing within our communities we serve, and stay financially stable. For this to happen, our workforce members need to be aware of what is appropriate and inappropriate behavior/practices within healthcare. We share this information through our annual education.
- One of the 7 elements of an effective compliance program, per the Office of Inspector General (OIG), is "conducting effective training and education". If we were audited by the OIG, we can show an established education program; this can help us if any wrongdoing is found.
- As an organization we are also audited regularly from various payers.  They review the education we provide and make sure we include certain topics as well as audit individual workforce member's education history. We must be able to provide annual education content with those specific topics as well as proof of completion for the workforce members chosen in the audit. If we cannot, there are consequences for us as an organization up to and including our ability to be paid for the services we provide.

## Compliance Program Requirements: Education

Why is education required upon hire and annually thereafter?

How will it be delivered?

Is there other required compliance education?

Where can I go to learn more about the Compliance Education Program?

- As a new workforce member, you are completing this initial education either in HealthStream (employed workforce) or Rise (contracted workforce).
- Annually thereafter, compliance education will be delivered in Qstream. You can learn more about Qstream by visiting Rise and searching "Qstream".





## Compliance Program Requirements: Education

Why is education required upon hire and annually thereafter?

How will it be delivered?

Is there other required compliance education?

Where can I go to learn more about the Compliance Education Program?

At times, workforce members can be assigned other required compliance education due to certain situations such as new laws, policies, or as re-education.

## Compliance Program Requirements: Education

Why is education required upon hire and annually thereafter?

How will it be delivered?

Is there other required compliance education?

Where can I go to learn more about the Compliance Education Program?

Please [visit our website](#) to learn more and stay up to date on our compliance education program.



## Compliance Program Requirements: Conflicts of Interest Disclosures

Under Providence's Conflicts of Interest Policy (PSJH-GOV-208), workforce members have an obligation to disclose any conflicts of interest through the annual disclosure process.

***Click each tab to learn more***

Why is COI disclosure required?

What does the COI program do?

Who does it apply to?

## Compliance Program Requirements: Conflicts of Interest Disclosures

The disclosure form ensures that Providence and our workforce members are not affected by real or perceived conflicts of interest. The disclosure statement ensures that our Mission and tax-exempt status is not adversely affected by real or perceived conflicts of interest (COI).

Why is COI disclosure required?

What does the COI program do?

Who does it apply to?

## Compliance Program Requirements: Conflicts of Interest Disclosures

The COI program is designed to encourage the reporting of possible conflicts of interest and assuring they are managed through:

1. Recognizing interests and conflicts of interest
2. Disclosing interests and conflicts of interest
3. Responding to disclosures with appropriate management action.

Why is COI disclosure required?

What does the COI program do?

Who does it apply to?

## Compliance Program Requirements: Conflicts of Interest Disclosures

The COI disclosure form applies to all persons, who are in positions that have influence over the affairs of Providence, who have a direct or indirect financial interest in PSJH, or any person who may have a COI to disclose.

Designated roles will receive an email from the Osprey **COI RiskManager** system, [RISComplianceServices@ospreycompliancesuite.com](mailto:RISComplianceServices@ospreycompliancesuite.com) annually.

Why is COI disclosure required?

What does the COI program do?

Who does it apply to?



## Code of Conduct (COC)

The Compliance Program owns and is responsible for the upkeep of our organization's **Code of Conduct**. All workforce members are asked to review and agree to abide by the COC on a yearly basis while working for Providence.

As caregivers of our communities, the people we serve place an enormous amount of trust in us. **Our Code of Conduct is an important part of how we serve and represent our core values in action.**

Continuing the work of our founding sisters, we serve people in need, especially those who are poor and vulnerable. Our Mission calls us to see the human connection that unites us all. With this legacy, Providence has thrived because of the continued commitment of the people of Providence to do the right thing.

Maintaining the integrity of the heritage and tradition of our ministry is the responsibility of each person of Providence, and that's the purpose of our Integrity and Compliance Program. It ensures we are following the ethical commitments, laws, rules and regulations that govern our business conduct, and it helps to discourage, prevent and identify violations.

Our Code of Conduct explains the expectations we have of our employees and the critical importance of being honest and just in all our interactions with our patients, members, colleagues, payers and vendors. It also details how to report a violation or concern about potential illegal or inappropriate actions.

*Rod Hochman, MD  
President & CEO Providence*

### Doing the Right Thing Right



*Click the thumbnail image above to access and review the Code of Conduct, then click the Attestation button below to complete the attestation*

 **Attestation**



## Code of Conduct (COC)

The Compliance Program owns and is responsible for the upkeep of our organization's **Code of Conduct**. All workforce members are asked to review and agree to abide by the COC on a yearly basis while working for Providence.

### Code of Conduct Attestation

**By clicking this checkbox, I am acknowledging that I have fully read and agree to abide by the Code of Conduct.**

## Compliance Program Policies

System wide policies apply to all workforce members and are a great resource. The Compliance Program owns and maintains the policies listed below. These policies, and many more, [can be found in PolicyStat](#).

- PSJH-RIS-700 Compliance Program Policy
- PSJH-RIS-711 Fraud, Waste, and Abuse Prevention and Detection
- PSJH-RIS-715 Record Retention and Destruction
- PSJH-RIS-722 Code of Conduct Policy
- PSJH-RIS-724 Conflict of Interest in Research
- PSJH-RIS-730 Use of Compliance and Related Titles by Employed Caregivers
- PSJH-RIS-731 Creation of Organization-Wide Policies
- PSJH-RIS-732 Anti-Corruption Compliance Policy
- PSJH-RIS-733 Non-Retaliation



To learn more about system policies, how to use PolicyStat, or if you have questions, please visit our [Policy Management Office SharePoint site](#).

## Conflicts of Interest FAQ



*Click the buttons below for answers to these frequently asked questions.*



What is a conflict of interest (COI)?



When do they occur?



How can I avoid a conflict?



Are (potential) conflicts monitored?



## Conflicts of Interest FAQ



Click the buttons below for answers to these frequently asked questions.



What is a conflict of interest (COI)?



When do they occur?



How can I avoid a conflict?



Are (potential) conflicts monitored?

A COI is a situation where a workforce member may stand to *gain from their position with Providence* in a way that harms our organization

## Conflicts of Interest FAQ



Click the buttons below for answers to these frequently asked questions.



What is a conflict of interest (COI)?



When do they occur?



How can I avoid a conflict?



Are (potential) conflicts monitored?

- A COI may occur when *personal/outside interests or activities influence (or **appear** to influence) our actions and decisions regarding job-related duties, such as choosing an outside organization to give our business.*
- *Conflicts of interest may arise from many sources including, but not limited to, financial interests of yourself or a family member; service, employment or consulting arrangements with a competitor; the receipt of gifts from vendors or others with whom we do business; or use of resources to benefit an outside interest or your own personal interests.*

## Conflicts of Interest FAQ



Click the buttons below for answers to these frequently asked questions.



What is a conflict of interest (COI)?



When do they occur?



How can I avoid a conflict?



Are (potential) conflicts monitored?

- Understand that information gained from our jobs/positions is not to be used for personal gain or advantage, or to assist others, including family members, in benefiting in any way at the expense of our organization.
- Avoid activities, relationships, and offers that may weaken our personal judgment and unbiased decision-making.
- Do not accept gifts from anyone outside of our organization. If you are unsure of their employment status with Providence, ask or decline the gift.
- Be aware of our Conflicts of Interest policy and when in doubt if a situation, activity or interest is a possible conflict, **ask!**

## Conflicts of Interest FAQ



Click the buttons below for answers to these frequently asked questions.



What is a conflict of interest (COI)?



When do they occur?



How can I avoid a conflict?



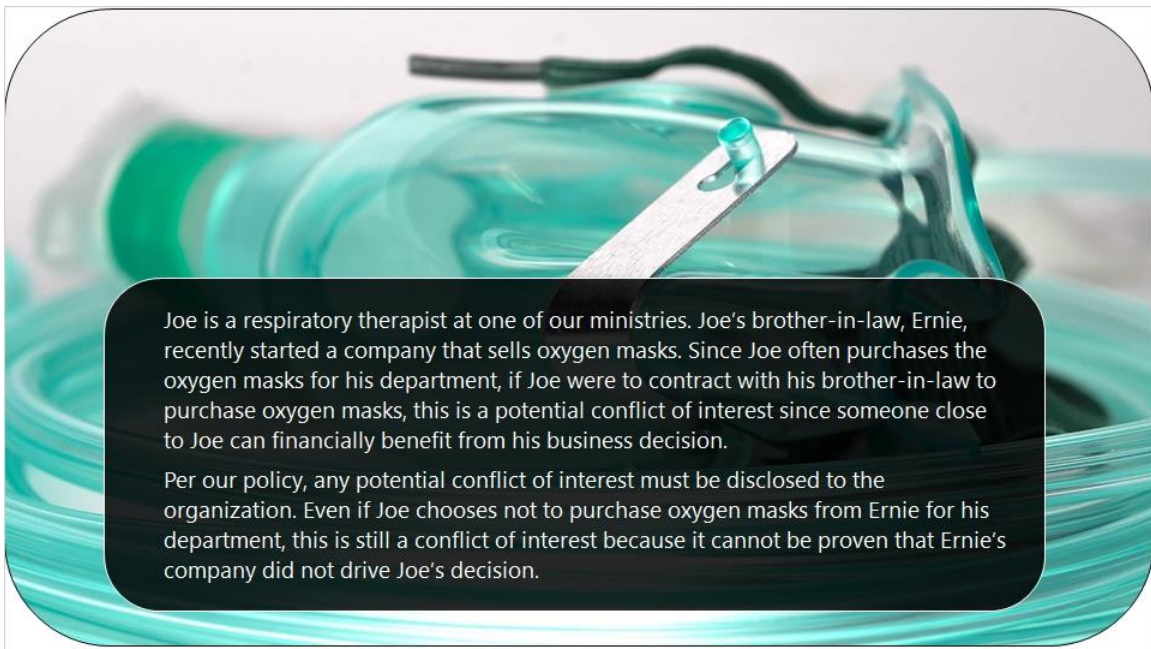
Are (potential) conflicts monitored?

Yes. Our COI program works to establish an open line of communication with workforce members who may have a conflict of interest. It is everyone's responsibility to disclose a potential or perceived conflict of interest to their manager as soon as a situation arises.



## Scenario

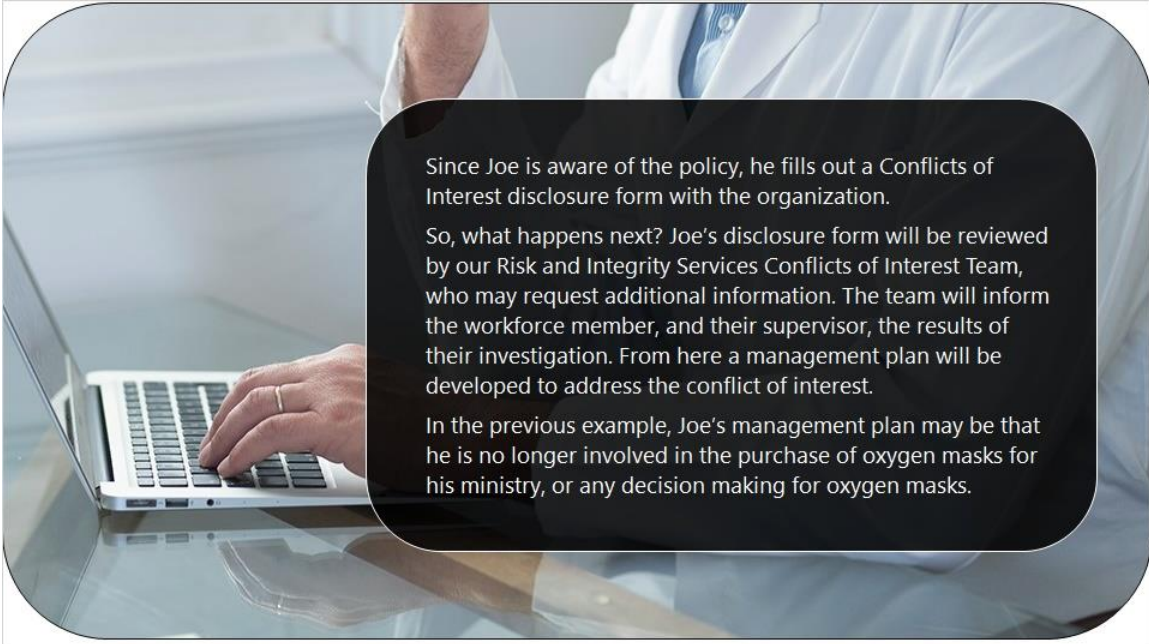
### A Family Connection



Joe is a respiratory therapist at one of our ministries. Joe's brother-in-law, Ernie, recently started a company that sells oxygen masks. Since Joe often purchases the oxygen masks for his department, if Joe were to contract with his brother-in-law to purchase oxygen masks, this is a potential conflict of interest since someone close to Joe can financially benefit from his business decision.

Per our policy, any potential conflict of interest must be disclosed to the organization. Even if Joe chooses not to purchase oxygen masks from Ernie for his department, this is still a conflict of interest because it cannot be proven that Ernie's company did not drive Joe's decision.

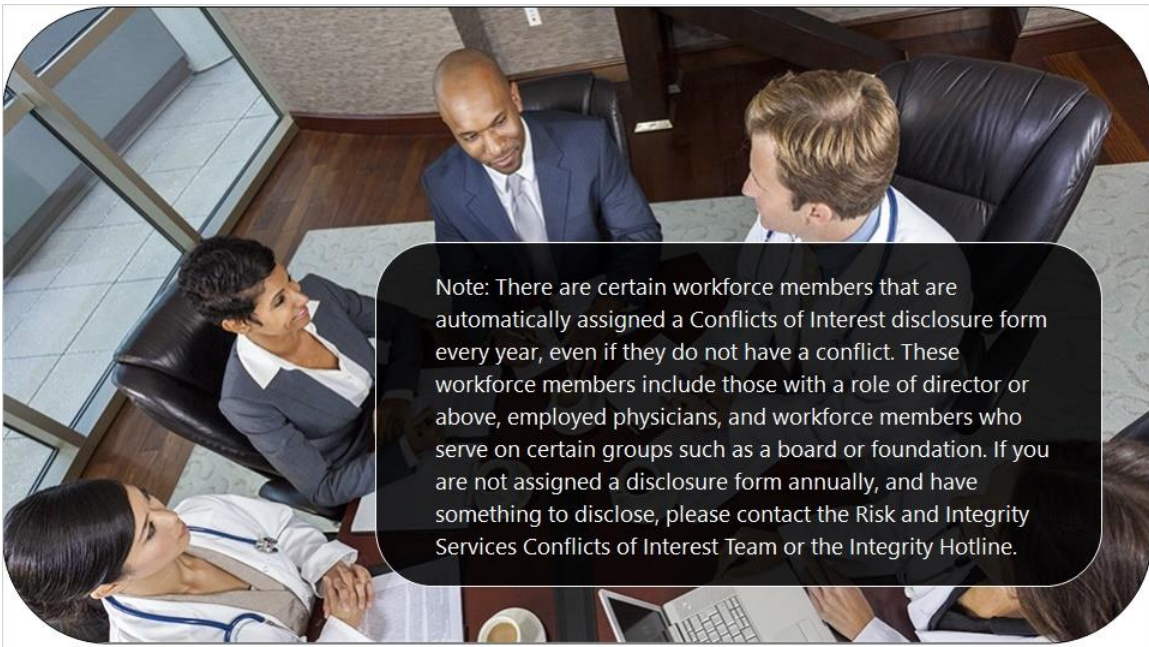




Since Joe is aware of the policy, he fills out a Conflicts of Interest disclosure form with the organization.

So, what happens next? Joe's disclosure form will be reviewed by our Risk and Integrity Services Conflicts of Interest Team, who may request additional information. The team will inform the workforce member, and their supervisor, the results of their investigation. From here a management plan will be developed to address the conflict of interest.

In the previous example, Joe's management plan may be that he is no longer involved in the purchase of oxygen masks for his ministry, or any decision making for oxygen masks.



Note: There are certain workforce members that are automatically assigned a Conflicts of Interest disclosure form every year, even if they do not have a conflict. These workforce members include those with a role of director or above, employed physicians, and workforce members who serve on certain groups such as a board or foundation. If you are not assigned a disclosure form annually, and have something to disclose, please contact the Risk and Integrity Services Conflicts of Interest Team or the Integrity Hotline.



## Knowledge Check: Conflict of Interest

As long as Joe doesn't purchase oxygen masks from his brother-in-law's company, he does not need to fill out a conflict of interest disclosure.

True

False

Correct	Choice
	True
X	False

### Feedback when correct:

This is false. Even if Joe chooses not to purchase oxygen masks from his brother-in-law, this is still a conflict of interest because it cannot be proven that the brother-in-law's company did not drive Joe's decision.

### Feedback when incorrect:

This is false. Even if Joe chooses not to purchase oxygen masks from his brother-in-law, this is still a conflict of interest because it cannot be proven that the brother-in-law's company did not drive Joe's decision.


**Correct! (Slide Layer)**

**Knowledge Check: Conflict of Interest**

As long as Joe chooses not to purchase oxygen masks from his brother-in-law's company, he is not in a conflict of interest.

True

False



**Correct!**

This is false. Even if Joe chooses not to purchase oxygen masks from his brother-in-law, this is still a conflict of interest because it cannot be proven that the brother-in-law's company did not drive Joe's decision.

Continue


**Incorrect (Slide Layer)**

**Knowledge Check: Conflict of Interest**

As long as Joe chooses not to purchase oxygen masks from his brother-in-law's company, he is not in a conflict of interest.

True

False



**Incorrect**

This is false. Even if Joe chooses not to purchase oxygen masks from his brother-in-law, this is still a conflict of interest because it cannot be proven that the brother-in-law's company did not drive Joe's decision.

Continue


## Try Again (Slide Layer)

### Knowledge Check: Conflict of Interest

As long as J  
company, h  
law's  
e.

True

False



Incorrect


Please try again.

Try Again

### Conflicts of Interest: Gifts and Entertainment

***What you need to know to avoid a conflict of interest when offered a gift.***

**What can you accept from your organization, a Providence foundation, leadership, and *employed* coworkers?**

 *Click the question mark to reveal the answer.*



## Conflicts of Interest: Gifts and Entertainment

*What you need to know to avoid a conflict of interest when offered a gift.*

**What can you accept from patients and their families, vendors, and Providers (who are not directly employed by Providence)?**



*Click the question mark to reveal the answer.*



## Conflicts of Interest: Gifts and Entertainment

*What you need to know to avoid a conflict of interest when offered a gift.*

**What do I do if someone wants to offer a gift that I cannot accept?**



*Click the question mark to reveal the answer.*





## Conflicts of Interest: Gifts and Entertainment

*What you need to know to avoid a conflict of interest when offered a gift.*

**Where can I learn more about the Conflicts of Interest program?**



*Click the question mark to reveal the answer.*



Vendor Policy



Gift FAQ

## Resources

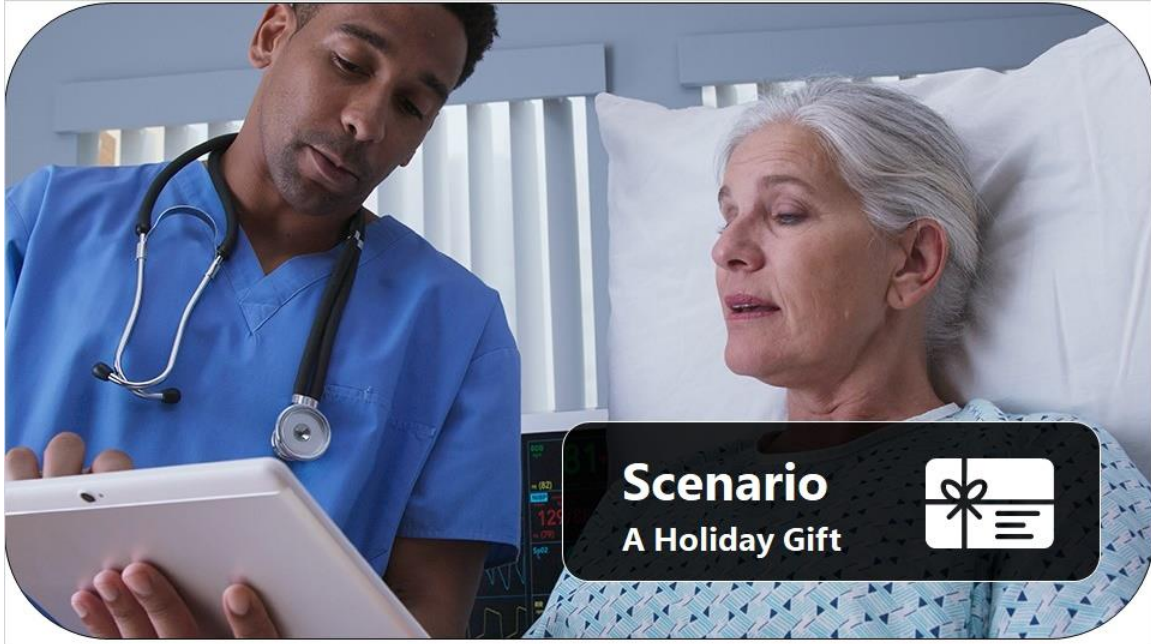
*Click both buttons below to review these resources, then return to this window to continue.*

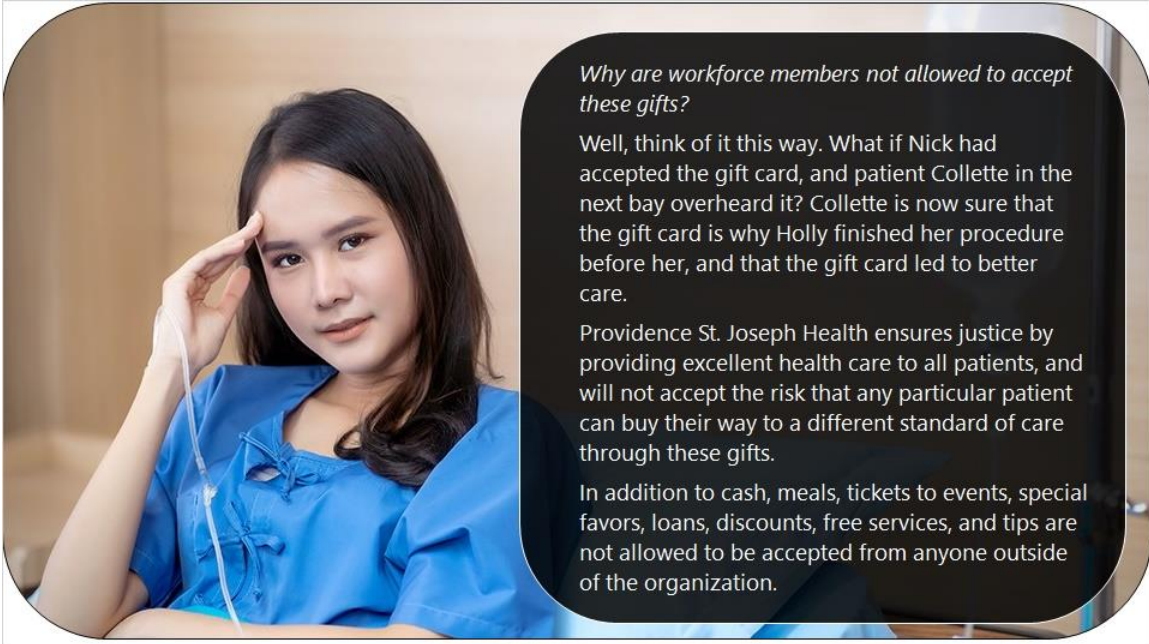


Vendor Policy



Gift FAQ



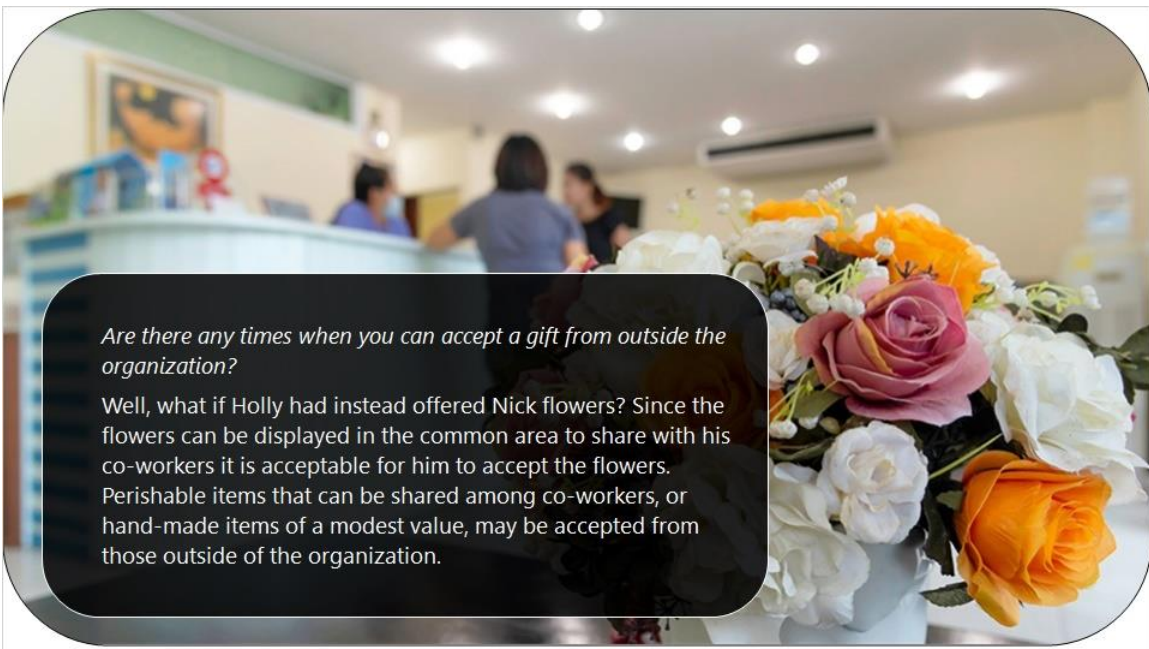


*Why are workforce members not allowed to accept these gifts?*

Well, think of it this way. What if Nick had accepted the gift card, and patient Collette in the next bay overheard it? Collette is now sure that the gift card is why Holly finished her procedure before her, and that the gift card led to better care.

Providence St. Joseph Health ensures justice by providing excellent health care to all patients, and will not accept the risk that any particular patient can buy their way to a different standard of care through these gifts.

In addition to cash, meals, tickets to events, special favors, loans, discounts, free services, and tips are not allowed to be accepted from anyone outside of the organization.



*Are there any times when you can accept a gift from outside the organization?*

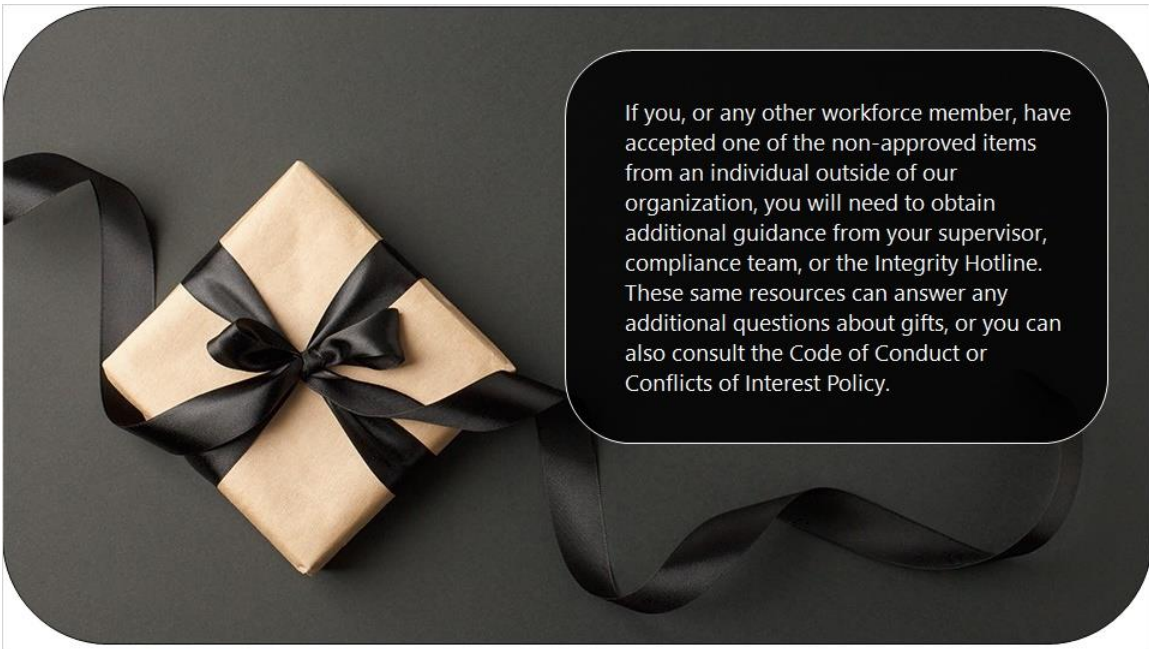
Well, what if Holly had instead offered Nick flowers? Since the flowers can be displayed in the common area to share with his co-workers it is acceptable for him to accept the flowers. Perishable items that can be shared among co-workers, or hand-made items of a modest value, may be accepted from those outside of the organization.



While the scenario with Nick and Holly seems fairly straight forward, what happens when instead of patient Holly giving a present, it is Dr. Rudolph offering a gift card? Nick works with Dr. Rudolph: wouldn't that be allowed? Unfortunately, it is not so black and white. Even though Nick works with her, Dr. Rudolph is not employed by the organization, and the same rules that were outlined in the earlier examples apply here as well. Nick, or any workforce member, cannot accept cash, or cash equivalent, from Dr. Rudolph, but can accept perishable items that can be shared among co-workers.



If you, or any other workforce member, have accepted one of the non-approved items from an individual outside of our organization, you will need to obtain additional guidance from your supervisor, compliance team, or the Integrity Hotline. These same resources can answer any additional questions about gifts, or you can also consult the Code of Conduct or Conflicts of Interest Policy.





## Knowledge Check: Gifts

Which of the following gifts can you accept? *(Select all that apply.)*

- A gift card given to me by my Core Leader
- A gift card from a vendor
- A box of chocolates from a patient that can be shared with my department
- A gift card from a provider who is not employed by Providence

Correct	Choice
X	A gift card given to me by my Core Leader
	A gift card from a vendor
X	A box of chocolates from a patient that can be shared with my department
	A gift card from a provider who is not employed by Providence

### Feedback when correct:

That's right: you may accept a gift card from your Core Leader or a box of chocolates from a patient to share with your department (as long as it's not a frequent gift).

### Feedback when incorrect:


You may accept a gift card from your Core Leader or a box of chocolates from a patient to share with your department (as long as it's not a frequent gift).

### Incorrect (Slide Layer)

**Knowledge Check: Gifts**

Which of the following is correct?

- A gift card from your Core Leader
- A gift card from a patient
- A box of chocolates from a patient to share with your department (as long as it's not a frequent gift).
- A gift card from a patient



**Incorrect**

You may accept a gift card from your Core Leader or a box of chocolates from a patient to share with your department (as long as it's not a frequent gift).


[Continue](#)

### Correct (Slide Layer)

**Knowledge Check: Gifts**

Which of the following is correct?

- A gift card from your Core Leader
- A gift card from a patient
- A box of chocolates from a patient to share with your department (as long as it's not a frequent gift).
- A gift card from a patient



**Correct**

That's right: you may accept a gift card from your Core Leader or a box of chocolates from a patient to share with your department (as long as it's not a frequent gift).


[Continue](#)

## Try Again (Slide Layer)

### Knowledge Check: Gifts

Which of the following is a gift?

- A gift card
- A gift card
- A box of chocolates
- A gift card



Incorrect

That is incorrect. Please try again.


[Try Again](#)

## Compliance: How to Find Us

Our internal Compliance SharePoint site is kept up to date. Bookmark it for quick and easy access to our information, updates, events, and contacts.

**RIS Compliance:**  
<https://providence4.sharepoint.com/sites/RIS-Compliance>

**Swedish:**  
<https://providence4.sharepoint.com/sites/SwedishOfficeofComplianceandPrivacy>



## Compliance: Key Takeaways

- Compliance is part of my role and responsibility!
- I have resources in the Providence Compliance program to partner with me to ensure compliance.
- I should be aware of healthcare laws, no matter my role/job.
- Compliance education is part of who I am. Knowledge helps me in doing the right thing right!
- I know how to contact my compliance team when I need them.



## Privacy Program

### Privacy Program Overview

- The Privacy Program is part of the division *Risk and Integrity Services* (RIS). Most of our intranet sites and communications will showcase *RIS* to call out ownership.
- The Privacy Program's main function is to protect our patient's protected health information (PHI). By keeping our patient's PHI private and secure, we are protecting our patients, workforce members, organization, and communities we serve.
- Maintaining our patient's privacy is a responsibility that applies to all workforce members within Providence. The Privacy Program relies heavily on *your help* to report anything that might be against policy and/or the law.
- When we fail to protect our patient's privacy, significant consequences can occur; not just to workforce members and the organization, but to the patient and their loved ones.





# Privacy Program Functions


Click each button below to learn more about these important privacy program functions.  
Once you have completed each section, you'll be able to click NEXT to continue.





# Common Privacy Violations (And How to Avoid Them)

Click the question mark icon next to each violation to see a suggestion about how to avoid it.


Discharge paperwork or other documents given to the wrong patient.  This can be avoided by verifying at least two patient identifiers on each page prior to giving it to the patient.

Access to a medical record without a business need / snooping.  This can be avoided by not going into a medical record unless you are active in the care or treatment of the patient.

Verbal disclosure of patient information to someone without authorization to have the information.  This can be avoided by refraining from discussing patient information with people not involved in patient care and being aware of who is around you that could potentially overhear your conversation that includes PHI.

Disclosure of patient information on social media.  This can be avoided by not posting **any** patient information / stories from work on social media.

[Click here for a guide that lists more impermissible uses of PHI or EHR.](#)

 Please remember that privacy violations may result in disciplinary action up to and including termination of employment and could result in fines civil and/or criminal penalties against the individual workforce member.

## Workforce Member Acknowledgement

Protected Health Information (PHI) must only be viewed for legitimate business purposes.

Use of the Identity Look Up screen in the electronic medical record for purposes that are not business related is a serious violation of policy.

Information that is visible on the Identity Look Up screen may be limited to demographic information.

Demographic information is considered Protected Health Information (PHI) and must only be viewed or accessed for business purposes. This includes a patient's name.

Accessing or viewing of demographic information without a business purpose, whether for curiosity or another personal reason, is considered a serious violation.

Workforce members may be subject to termination for a serious violation.

The use of the Identity Look Up screen is monitored on a 24/7 basis.

Click each icon below to review the document. After you've reviewed each document you'll complete the attestation to continue.



Confidentiality Policy



Confidentiality and Nondisclosure Statement



Counseling and Corrective Action Policy

By clicking this checkbox, I am acknowledging that I have fully read and understand the statements above.

## Workforce Member Acknowledgement

Protected Health Information (PHI) must only be viewed for legitimate business purposes.

KB0051046

### Facility Name ("facility")

**Department:** Human Resources

**Approved by:** Chief Human Resources Officer

**Date Last Reviewed:** 4/2021

**Date Last Revised:** 4/2021

**Date Adopted:** 7/12/2019

**Policy Name:** Confidentiality

**Scope:** This policy applies to all workforce members.

**Purpose:** To provide guidance and direction with respect to the management, use and disclosure of confidential data/information.

## Workforce Member Acknowledgement

Protected Health Information (PHI) must only be viewed for legitimate business purposes.

I understand that in my involvement with the facility I may have access to information not generally available or known to the public. I understand that such information is confidential and belongs to the facility. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded, in any form or medium. Confidential data/information also includes workforce member information that a workforce member does not wish to share. However, nothing in this statement restricts a workforce member's right to disclose wages, hours, and working conditions in accordance with federal and state laws. I understand that information developed by me, alone or with others, may also be considered confidential data/information belonging to the organization in accordance with our policies and procedures.

I will hold any confidential data/information I see or hear in strict confidence and will not disclose or use it except as authorized by the facility.

I will only access the confidential data/information that I need to do my job and will only provide such information to those who need it.

## Workforce Member Acknowledgement

Protected Health Information (PHI) must only be viewed for legitimate business purposes.

Based on KB0055588

### Facility Name ("ministry")

**Department:** Human Resources

**Approved by:** Chief Human Resources Officer

**Date Last Reviewed:** 4/15/2021

**Date Last Revised:** 4/15/2021

**Date Adopted:** 7/1/1984

**Policy Name:** Counseling and Corrective Action

**Scope:** All ministry caregivers

**Purpose:** In keeping with our mission and values, the ministry is committed to treating caregivers in a fair, equitable and consistent manner in regard to their work performance and conduct while also maintaining our commitment to

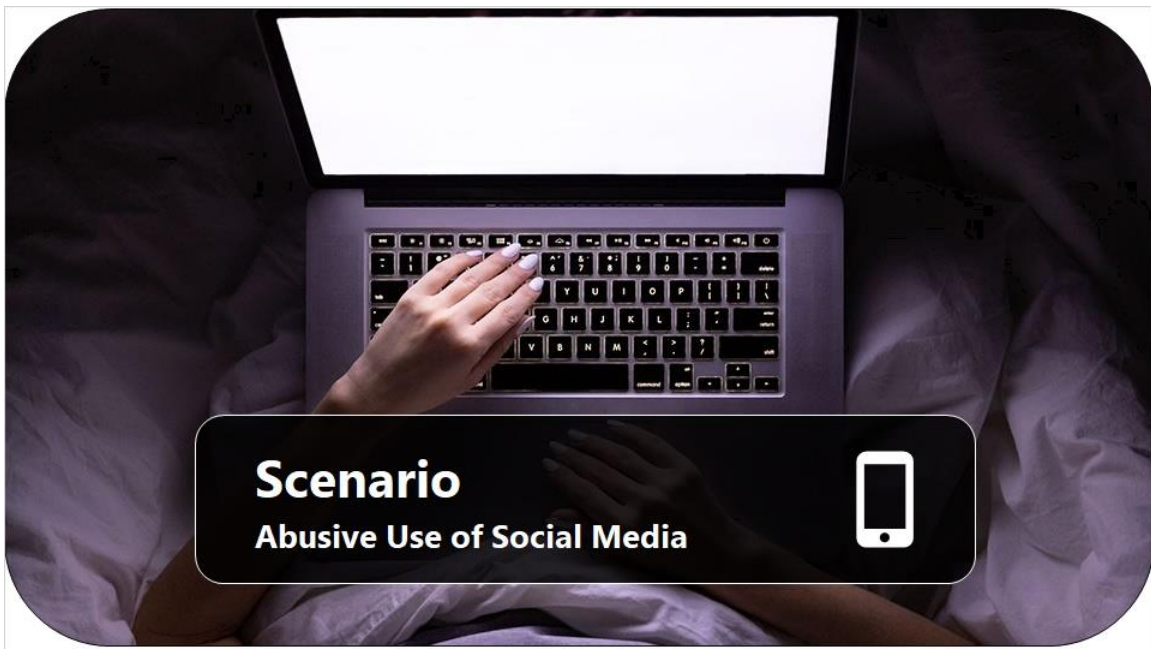


## PHI and Social Media

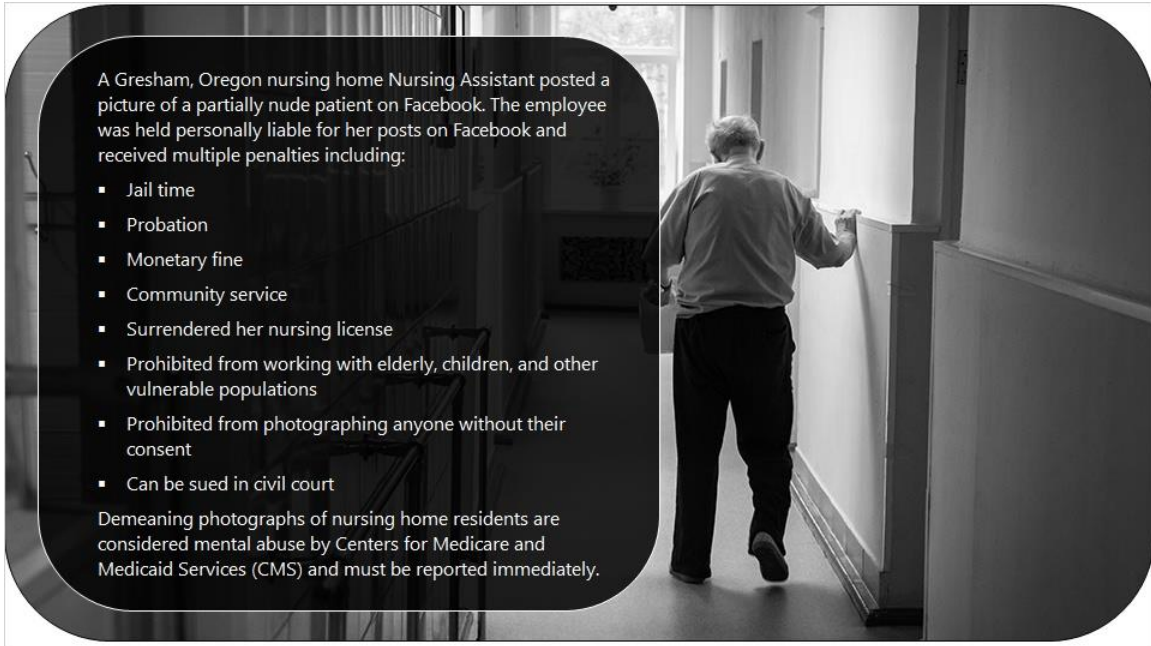
Social media is part of our everyday life. There are several platforms being used, and the Social Media policy (PROV-COM-604) applies to all of them. Communications owns our Social Media policy, but Privacy becomes involved when PHI has been inappropriately shared.

Examples include:

- Facebook
- Instagram
- Twitter
- LinkedIn
- TikTok
- YouTube
- WhatsApp
- Messenger
- Reddit
- Snapchat



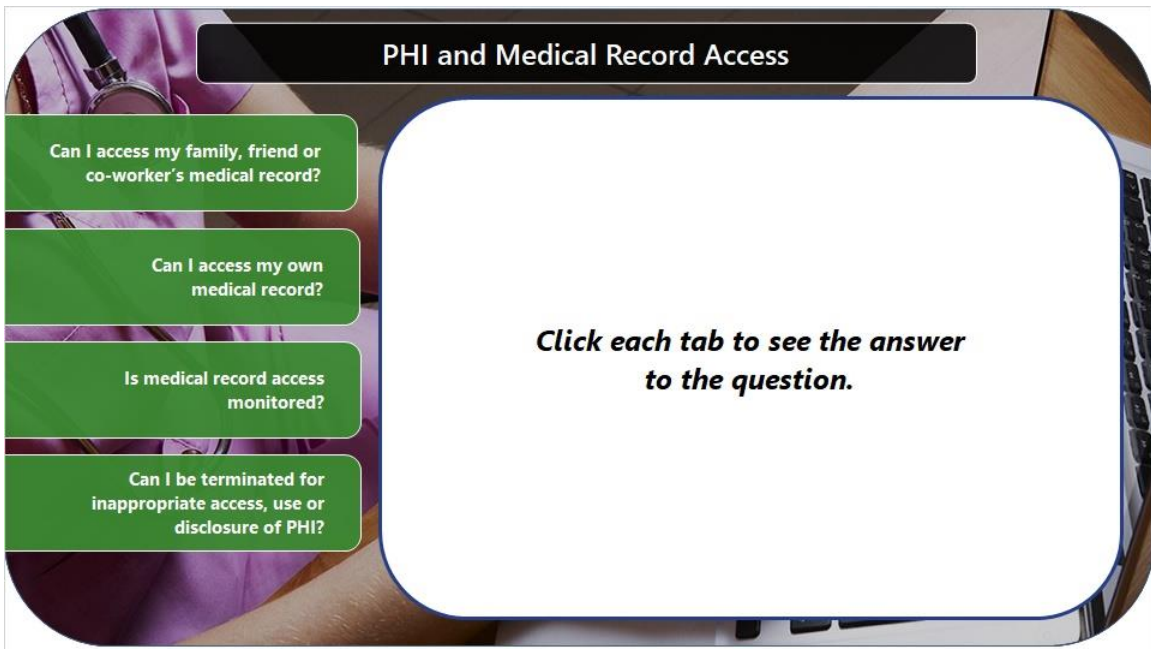




A Gresham, Oregon nursing home Nursing Assistant posted a picture of a partially nude patient on Facebook. The employee was held personally liable for her posts on Facebook and received multiple penalties including:

- Jail time
- Probation
- Monetary fine
- Community service
- Surrendered her nursing license
- Prohibited from working with elderly, children, and other vulnerable populations
- Prohibited from photographing anyone without their consent
- Can be sued in civil court

Demeaning photographs of nursing home residents are considered mental abuse by Centers for Medicare and Medicaid Services (CMS) and must be reported immediately.



### PHI and Medical Record Access

Can I access my family, friend or co-worker's medical record?

Can I access my own medical record?

Is medical record access monitored?

Can I be terminated for inappropriate access, use or disclosure of PHI?

***Click each tab to see the answer to the question.***

**PHI and Medical Record Access**

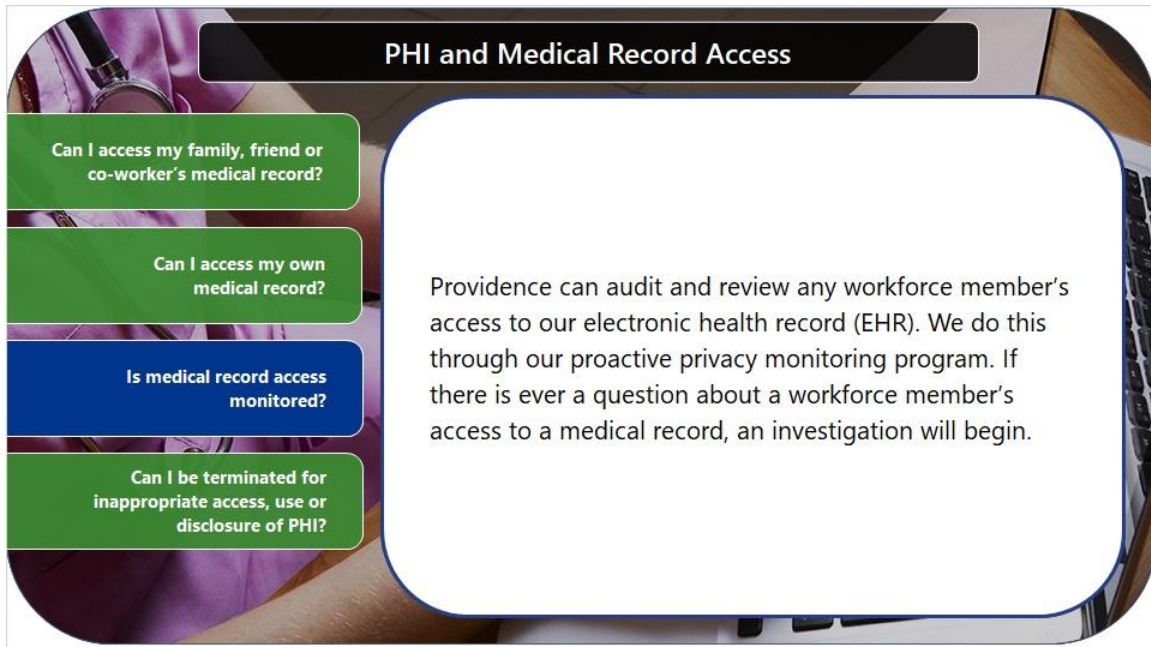
- Can I access my family, friend or co-worker's medical record?
- Can I access my own medical record?
- Is medical record access monitored?
- Can I be terminated for inappropriate access, use or disclosure of PHI?

Federal law and Providence only allow access to **any** patient's medical record for treatment, payment, and healthcare operations' purposes. If you are not part of the care team, you should not be in any patient's medical record, even if they are your family, friend, co-worker, or even if they told you it was okay – it is against our policy and most likely the law.

**PHI and Medical Record Access**

- Can I access my family, friend or co-worker's medical record?
- Can I access my own medical record?
- Is medical record access monitored?
- Can I be terminated for inappropriate access, use or disclosure of PHI?

Providence policy prohibits workforce members from using their work-provided credentials to access their own medical record within the electronic health record (EHR). We need to obtain our records the same way any other patient would, through our patient portal, calling medical records, or calling your physician's office.



**PHI and Medical Record Access**

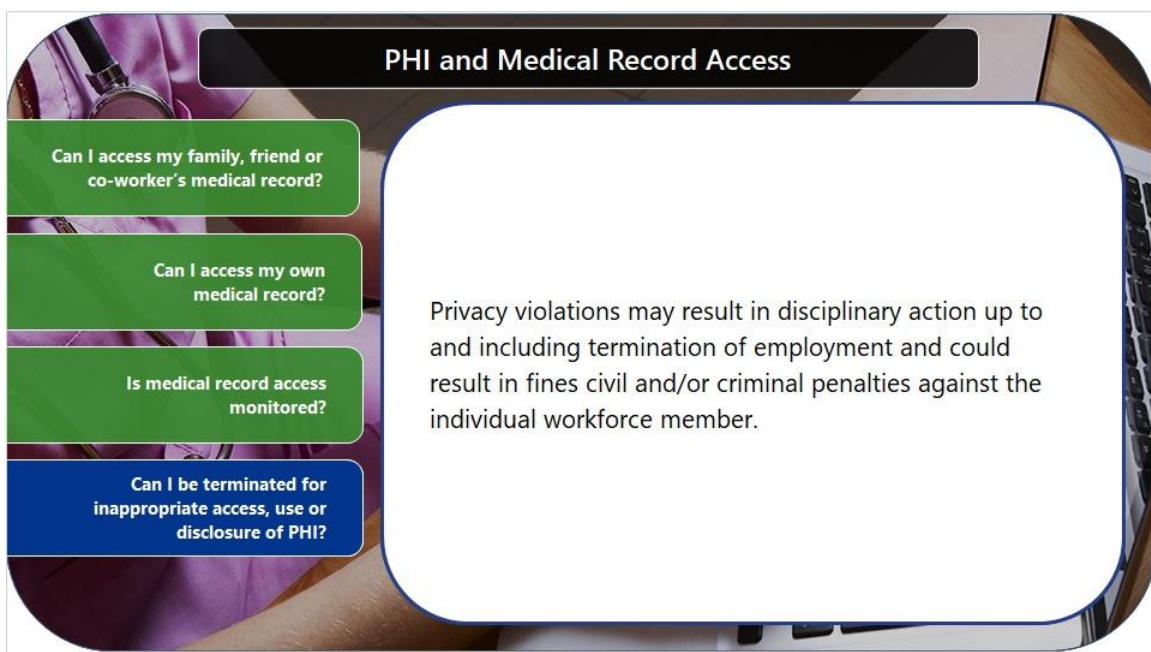
Can I access my family, friend or co-worker's medical record?

Can I access my own medical record?

Is medical record access monitored?

Can I be terminated for inappropriate access, use or disclosure of PHI?

Providence can audit and review any workforce member's access to our electronic health record (EHR). We do this through our proactive privacy monitoring program. If there is ever a question about a workforce member's access to a medical record, an investigation will begin.



**PHI and Medical Record Access**

Can I access my family, friend or co-worker's medical record?

Can I access my own medical record?

Is medical record access monitored?

Can I be terminated for inappropriate access, use or disclosure of PHI?

Privacy violations may result in disciplinary action up to and including termination of employment and could result in fines civil and/or criminal penalties against the individual workforce member.

**4.11 Which of these statements is true? (Select all that apply.)**

*(Multiple Response, 10 points, 3 attempts permitted)*

## Knowledge Check: PHI and Medical Record Access

Which of these statements is true? *(Select all that apply.)*

- If a coworker asks you to look up their medication dosage, you are not permitted to access this record, unless it is your job to do so.
- If your friend asks you to look up and share their child's immunization record so they can register them in school, you are not permitted to do so unless it is your job.
- If you see on the news that a celebrity was recently in a car accident, do not access any part of the record unless they come to your location, and you are actively working on the account or are part of the patient's care team.

Correct	Choice
X	If a coworker asks you to look up their medication dosage, you are not permitted to access this record, unless it is your job to do so.
X	If your friend asks you to look up and share their child's immunization record so they can register them in school, you are not permitted to do so unless it is your job.
X	If you see on the news that a celebrity was recently in a car accident, do not access any part of the record unless they come to your location, and you are actively working on the account or are part of the patient's care team.

**Feedback when correct:**

That's right! All of these statements are true.

**Feedback when incorrect:**

All of these statements are true.



**Incorrect (Slide Layer)**

**Knowledge Check:  
PHI and Medical Record Access**

Which of the following statements are true?

- If a coworker registers the account, they can access any part of the record.
- If your friend registers the account, they can access any part of the record.
- If you see a doctor, you can access any part of the record.
- If you see a doctor, you can access any part of the record if you are part of the patient's care team.

**Incorrect**

All of these statements are true.

**Continue**

**Correct (Slide Layer)**

**Knowledge Check:  
PHI and Medical Record Access**

Which of the following statements are true?

- If a coworker registers the account, they can access any part of the record.
- If your friend registers the account, they can access any part of the record.
- If you see a doctor, you can access any part of the record.
- If you see a doctor, you can access any part of the record if you are part of the patient's care team.

**Correct**

That's right! All of these statements are true.


**Continue**

## Try Again (Slide Layer)

### Knowledge Check: PHI and Medical Record Access

Which of the following is correct?

- If a coworker asks you to access this record.
- If your friend asks you to register the record.
- If you see a record that is any part of the record of the account or are part of the patient's care team.




Incorrect

That is incorrect. Please try again.

[Try Again](#)

### PHI and Law Enforcement

**What should I do if law enforcement requests patient information?**



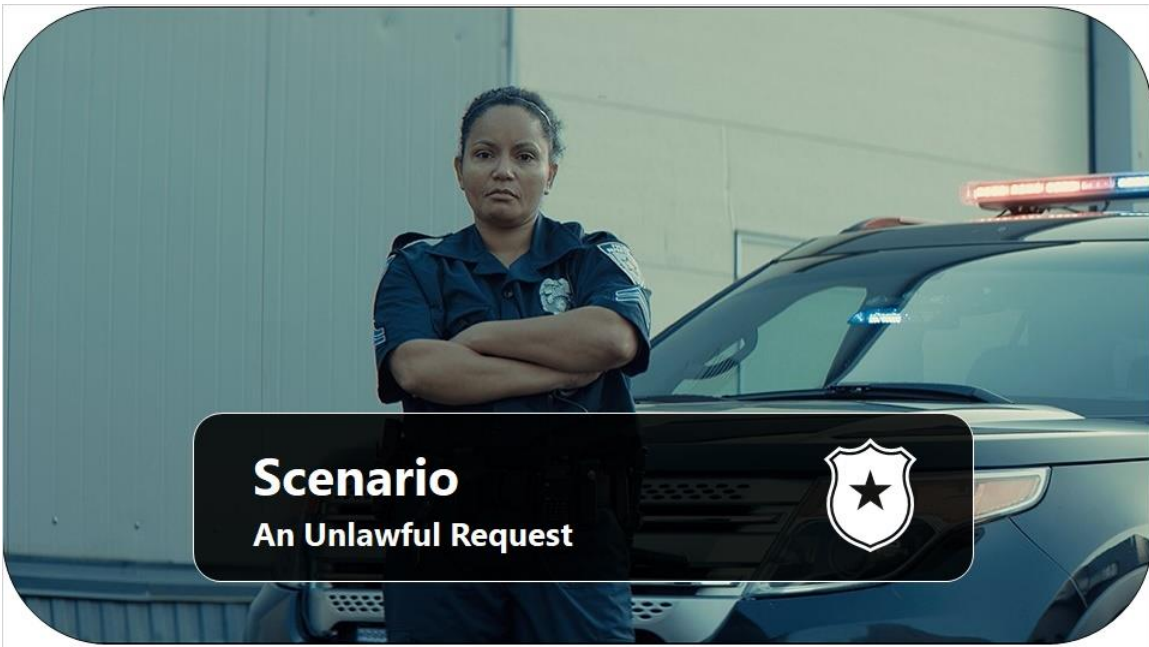
*Click the question mark to reveal the answer.*

# PHI and Law Enforcement

What is required for disclosure of patient information to law enforcement?

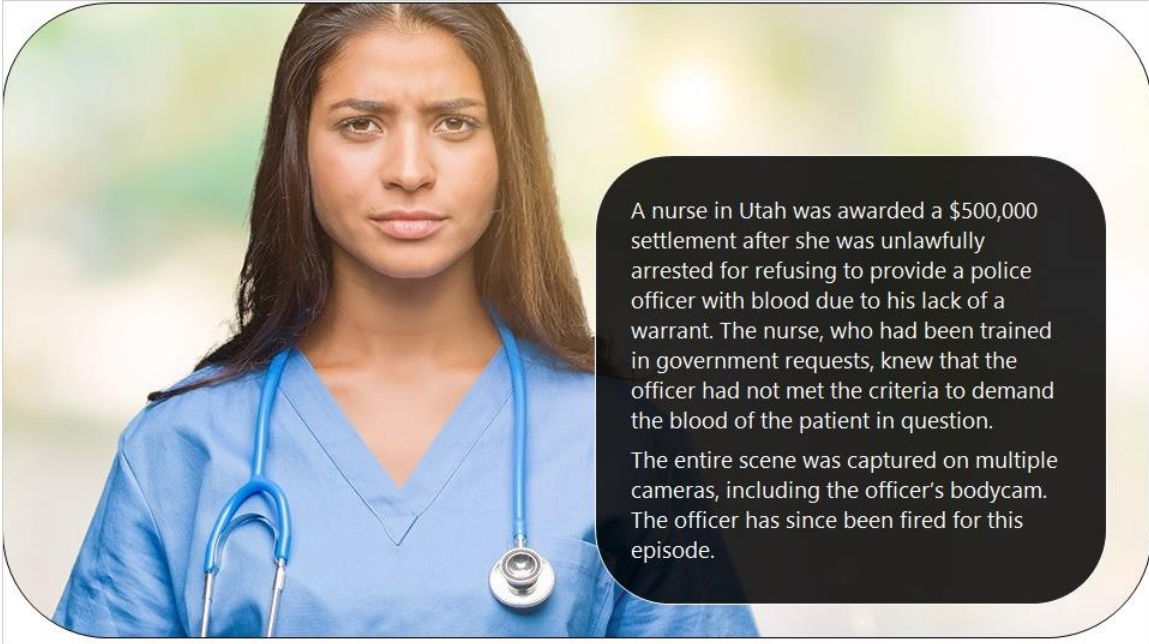


*Click the question mark to reveal the answer.*



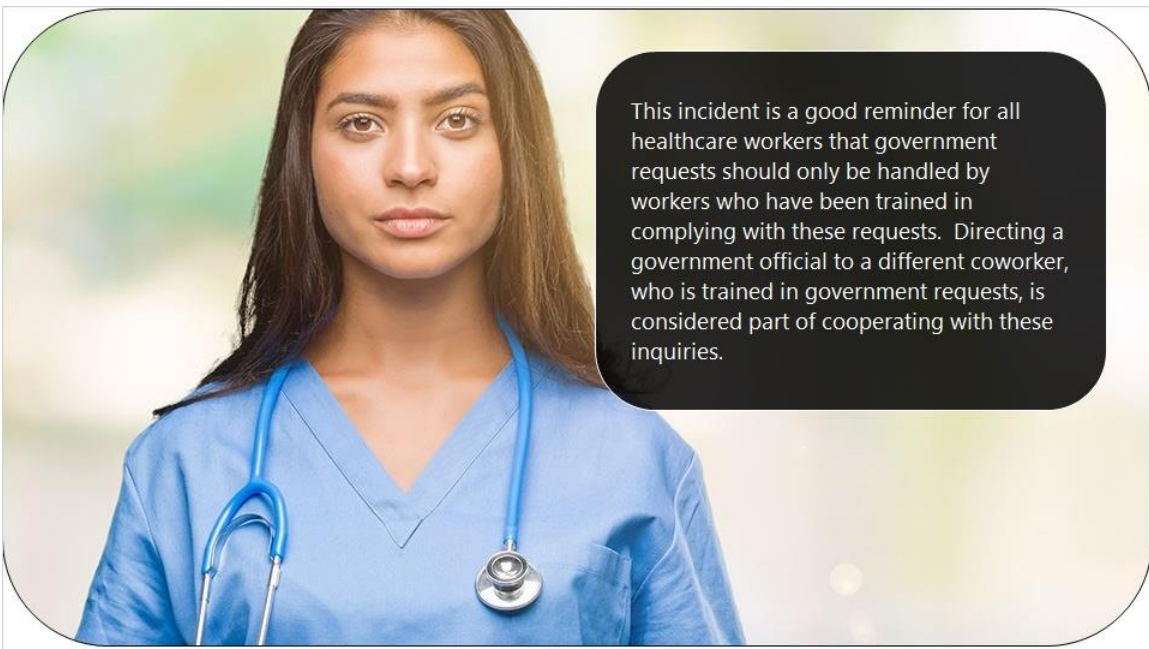
**Scenario**  
An Unlawful Request





A nurse in Utah was awarded a \$500,000 settlement after she was unlawfully arrested for refusing to provide a police officer with blood due to his lack of a warrant. The nurse, who had been trained in government requests, knew that the officer had not met the criteria to demand the blood of the patient in question.

The entire scene was captured on multiple cameras, including the officer's bodycam. The officer has since been fired for this episode.



This incident is a good reminder for all healthcare workers that government requests should only be handled by workers who have been trained in complying with these requests. Directing a government official to a different coworker, who is trained in government requests, is considered part of cooperating with these inquiries.



# PHI and Media Requests

## When the Media Contacts You

We are often contacted by the media. *Unless it is your job to do so as a Providence workforce member*, do not speak with the media regarding business or patient information.

Politely decline comments and immediately notify your supervisor.



## HIPAA and Protected Health Information (PHI)

What is Protected Health Information?

Who enforces PHI?

How do I handle PHI appropriately?

What does "Minimum Necessary" mean?

*Click each tab to learn more*

## HIPAA and Protected Health Information (PHI)

What is Protected Health Information?

Who enforces PHI?

How do I handle PHI appropriately?

What does "Minimum Necessary" mean?

Protected Health Information, mainly known and written as PHI, is information, whether written, electronic, or spoken, that is created or received by a healthcare provider, health plan, or healthcare clearing house and relates to the past, present, or future physical or mental condition of an individual or past, present, or future payment for treatment and care to an individual.

## HIPAA and Protected Health Information (PHI)

What is Protected Health Information?

Who enforces PHI?

How do I handle PHI appropriately?

What does "Minimum Necessary" mean?

The HIPAA law enforces PHI by using identified elements within health information that needs to be protected by the healthcare organization. There are 17 unique identifiers and 1 that leaves it open for anything else that could be used to identify an individual. Our organization also has policies protecting PHI and prohibiting the unnecessary use, access, or disclosure of it.

## HIPAA and Protected Health Information (PHI)

What is Protected Health Information?

Who enforces PHI?

How do I handle PHI appropriately?

What does "Minimum Necessary" mean?

In the course of our job, we can be exposed to PHI daily, and it is our responsibility to protect that information by only accessing, using, or disclosing the **minimum necessary** to complete the work-related task. [Click here for a helpful guide.](#)

## HIPAA and Protected Health Information (PHI)

What is Protected Health Information?

Who enforces PHI?

How do I handle PHI appropriately?

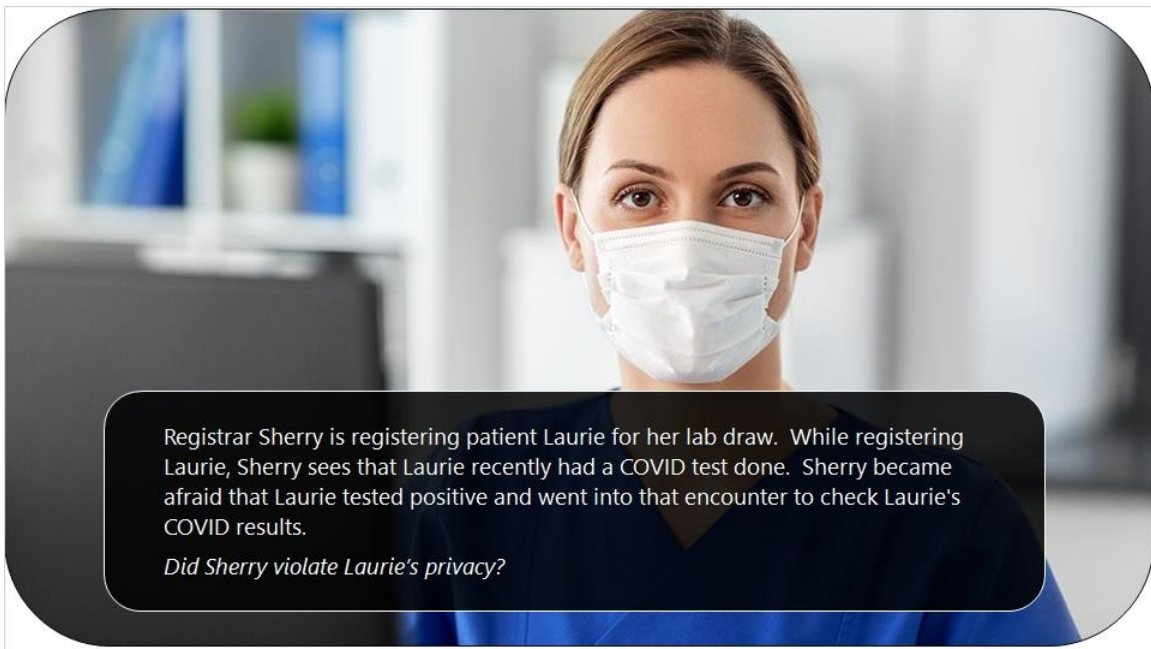
What does "Minimum Necessary" mean?

In short, *minimum necessary* means if you do not need specific patient information to do your job, you should not use or access that information. It is against policy to access, use, or disclose any PHI unless it is required to complete the work-related task. This includes the demographic page in the electronic health record (EHR).





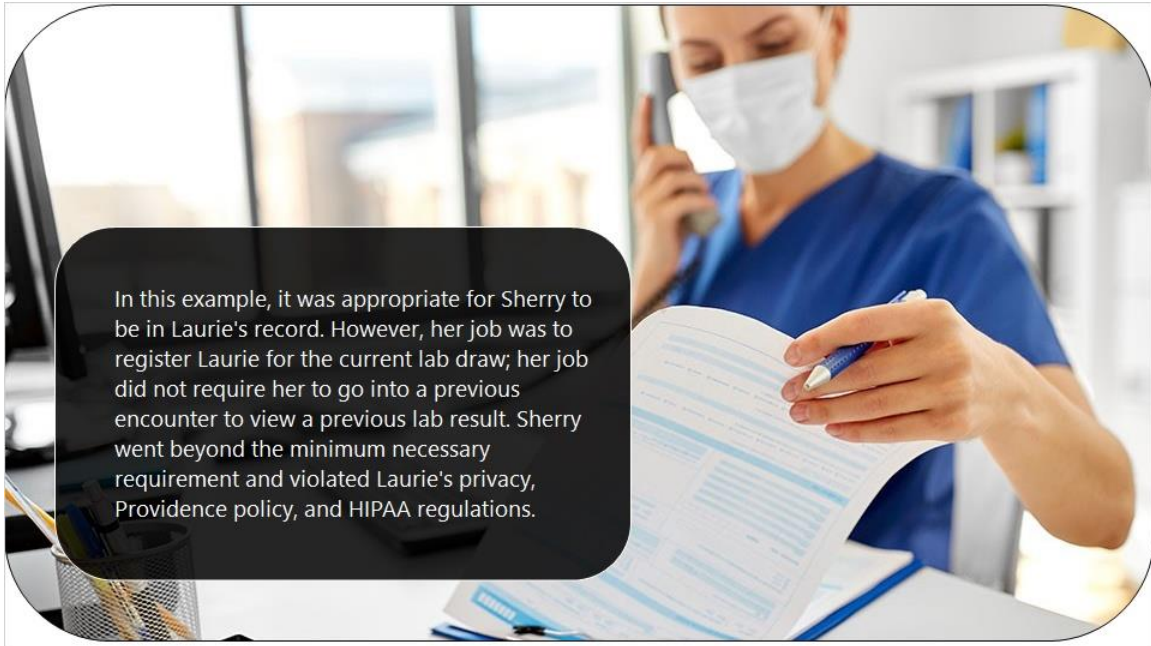
**Scenario**  
**Minimum Necessary?**



Registrar Sherry is registering patient Laurie for her lab draw. While registering Laurie, Sherry sees that Laurie recently had a COVID test done. Sherry became afraid that Laurie tested positive and went into that encounter to check Laurie's COVID results.

*Did Sherry violate Laurie's privacy?*





In this example, it was appropriate for Sherry to be in Laurie's record. However, her job was to register Laurie for the current lab draw; her job did not require her to go into a previous encounter to view a previous lab result. Sherry went beyond the minimum necessary requirement and violated Laurie's privacy, Providence policy, and HIPAA regulations.

## HIPAA and Protected Health Information (PHI)

**What are the 18 identifiers covered under PHI?**



*Click the question mark to reveal the answer.*

# Privacy Program Policies

System wide policies apply to all workforce members and are a great resource. The Privacy Program owns and maintains the policies listed below. These policies, and many more, [can be found in PolicyStat](#).

- PSJH-RIS-850 General Privacy Policy
  - PSJH-RIS-850.5 Privacy and Security Glossary
  - PSJH-RIS-850.6 Uses and Disclosures of Protected Health Information
  - PSJH-RIS-850.7 Rights of Individuals with Respect to Protected Health Information
  - PSJH-RIS-850.8 Notice of Privacy Practices
  - PSJH-RIS-850.9 Administrative Requirements for Protected Health Information Policy
  - PSJH-RIS-850.10 HIPAA – Business Associate Agreement Policy
  - PSJH-RIS-850.14 Protected Health Information Branch Notification
  - PSJH-RIS-850.15 Uses and Disclosures of Protected Health Information Authorized by Law
  - PSJH-RIS-850.16 Protected Health Information Health Oversight Activities Policy
  - PSJH-RIS-850.17 Social Security Number Collection, Disclosure, and Management
- PSJH-RIS-851 Privacy and Cybersecurity Safeguards for Remote Work Location



To learn more about system policies, how to use PolicyStat, or if you have questions, please visit our [Policy Management Office SharePoint site](#).

## Privacy Related Healthcare Laws

*Privacy is a fundamental patient right.*

### Health Insurance Portability and Accountability Act (HIPAA)

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information

### Health Information Technology for Economic and Clinical Health Act (HITECH)

- Promotes the adoption and meaningful use of health information technology as well as strengthening privacy and security protections.



## Privacy: How to Find Us

Our internal Privacy SharePoint site is kept up to date. Bookmark it for quick and easy access to our information, updates, events, and contacts.

**Privacy SharePoint Site:**

<https://providence4.sharepoint.com/sites/RIS-Compliance/SitePages/Privacy.aspx>

**Swedish:**

<https://providence4.sharepoint.com/sites/SwedishOfficeofComplianceandPrivacy>



## Privacy: Key Takeaways

- Keeping our patients' health information private is part of my role and responsibility!
- I should be aware of privacy laws, no matter my role / job.
- I need to understand the guidelines when sharing on social media regarding my work with Providence.
- Access to patient's health information is only appropriate when I am part of that patient's care team, and it is against policy to access my own record.
- I know how to contact my privacy team when I need them.



## Information Security

### Information Security Program Overview

- The Information Security program is part of the division *Enterprise Information Security* (EIS).
- Cybersecurity is becoming increasingly important as the volume of misuse and inappropriate access to information is increasing which creates significant risks for the organization, patients, clients and caregivers. EIS provides information security policies along with governance, risk and compliance of important information security controls.

*"We can put world class tools in place and hire the best (and we do!) but securing our environment requires help from everyone. We like to think of cybersecurity as a team sport."*

Adam Zoller, SVP Chief Security Officer







# Information Security Program Functions

Click each button below to learn more about these important information security program functions.  
Once you have completed each section, you'll be able to click NEXT to continue.



# Information Security and Personal Devices

- Personal device use must comply with all security policies (*password protected, updated Operating System (OS)* , *patches* , *anti-virus, etc.*) and the Use of Personal Device HR policy.
- Personal devices that contain Providence applications, programs, and apps are not to be used by anyone else or shared with anyone else.
- You cannot print to your personal printer, even if working remote.
- Only use approved Providence licensed applications, programs, and apps to conduct Providence business, *even on your personal devices.*
  - Never use Non-Providence licensed software, this includes free online applications as well as cloud storage.
- Any attempt to circumvent Providence security controls or non-compliance with policies can result in disciplinary action up to and including termination of employment.



## Information Security and Acceptable Use

*It is important for all workforce members to know how to appropriately use organization owned devices and personal devices when accessing work-related systems and/or programs.*

- Providence monitors the use of all information systems, all access to electronic data, and all devices that are used to access our systems or data.
- Workforce members should have no expectation of privacy with regards to content or use of Providence systems. This includes Internet usage, communications and/or transactions made that are of a personal nature while on our networks or devices.
- Only use approved Providence licensed applications, programs, and apps to conduct Providence business
  - Never use Non-Providence licensed software, this includes free online applications as well as cloud storage.
- The use of personal email accounts are prohibited! Only use your Providence provided email account for conducting any Providence business.



All workforce members are obligated to cooperate with internal investigations or remediation efforts related to information security incidents.

## Knowledge Check: Information Security and Acceptable Use

I can use my personal email address to send work-related emails from home, if necessary.

- True
- False

Correct	Choice
	True
X	False

**Feedback when correct:**

Only use your Providence provided email account for conducting any Providence business.

**Feedback when incorrect:**

Only use your Providence provided email account for conducting any Providence business.

**Correct! (Slide Layer)**

Knowledge Check:  
Information Security and Acceptable Use

I can use my [redacted] if necessary.

True

False

Correct!

Only use your Providence provided email account for conducting any Providence business.

Continue


### Incorrect (Slide Layer)

**Knowledge Check:**  
**Information Security and Acceptable Use**

I can use my \_\_\_\_\_ if necessary.

True

False



Incorrect

Only use your Providence provided email account for conducting any Providence business.

[Continue](#)


### Try Again (Slide Layer)

**Knowledge Check:**  
**Information Security and Acceptable Use**

I can use my \_\_\_\_\_ if necessary.

True

False







Incorrect

Please try again.

[Try Again](#)



## Information Security Best Practices

- Keep all work passwords private and secure and do not share with anyone, ever! 
  - Providence will **never** ask you for your password, even if you are trying to reset it.
- Lock or log off your computer when you walk away.
- Use #secure# in your subject line when sending confidential information outside of the organization.
  - Do not send confidential information to a personal (non-business) email address.
- A vehicle is not considered a secure location and should not be used to store confidential information, mobile computing or storage devices. 
- Texting is not secure. If you must text in an emergency, only provide the minimum necessary PHI.
  - Centers for Medicaid and Medicare Services (CMS) has stated that orders from physicians are not to be accepted over text, even in an emergency.
- Always use shredder bins to dispose of confidential information.
- To avoid phishing schemes, do not click on suspicious links or download attachments from unfamiliar senders, especially from external email addresses. 
  - Use the "Report Phishing Email" button for any suspected emails. 

Click the icons for examples of what **not** to do.

## Knowledge Check: Information Security Best Practices

When sending confidential information to a business email address outside of Providence, put the following in the subject line:

- #secret#
- #secure#
- #confidential#

Correct	Choice
	#secret#
X	#secure#

#confidential#

**Feedback when correct:**

Use #secure# in your subject line when sending confidential information outside of the organization.

**Feedback when incorrect:**

Use #secure# in your subject line when sending confidential information outside of the organization.

**Correct! (Slide Layer)**

Knowledge Check:  
Information Security Best Practices

When sending confidential information outside of the organization, you should use #secure# in your subject line.

#secret#

#secure#

#confidential#

Correct!

Use #secure# in your subject line when sending confidential information outside of the organization.

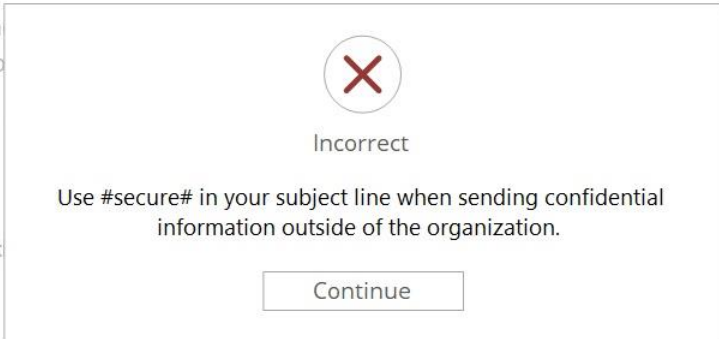
Continue

### Incorrect (Slide Layer)

**Knowledge Check:  
Information Security Best Practices**

When sending confidential information to Providence, please use the following subject line:

- #secret#
- #secure#
- #confident



Incorrect

Use #secure# in your subject line when sending confidential information outside of the organization.

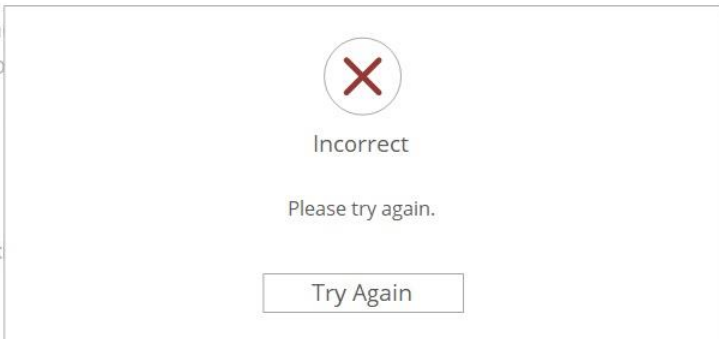
Continue

### Try Again (Slide Layer)

**Knowledge Check:  
Information Security Best Practices**

When sending confidential information to Providence, please use the following subject line:

- #secret#
- #secure#
- #confident



Incorrect

Please try again.

Try Again

## Information Security and Reporting Concerns

Contact the [IS Service Desk](#) immediately if you:

- Lost or had your organization device stolen
- Lost or had your personal device stolen *and it contains Providence information / applications on it*
- Clicked on a phishing link or otherwise responded to a scam



## Physical Security

**Physical security is everyone's responsibility.** The following are actions that you can take to help ensure Providence ministries / facilities are secure and our workforce members and patients are safe:

- Always wear your badge on Providence property.
  - It is OK to inquire in a friendly and professional manner when someone is not complying with this requirement.
- Prevent unauthorized individuals from entering confidential areas within the ministry/facility.
  - Workforce members are encouraged to inquire in a friendly and professional manner if someone does not look familiar and to validate their authorization to enter the building.
- Do not loan out your keys or access cards; if they are lost or stolen, report it immediately to your local security personnel office.
- Confidential information in hardcopy form must be kept in a locked cabinet/office when left unattended and should be shredded before disposal or placed in designated shredding bins provided by the local ministry/facility.



**If you see something, say something.** If you observe something that does not quite look, feel, or seem right, it probably isn't! REPORT IT to your local physical security department or to the [Integrity Hotline](#).



## Information Security: How to Find Us

**SharePoint Site:**

<https://providence4.sharepoint.com/sites/InformationSecurityGovernance>

**Yammer Communities:**

- Information Security Governance, Risk and Compliance – <https://web.yammer.com/main/groups/eyJfdHlwZSI6Ikdyb3VwIiwiaWQiOiIxNDg5MTkxOCJ9>
- Enterprise Information Security – <https://web.yammer.com/main/groups/eyJfdHlwZSI6Ikdyb3VwIiwiaWQiOiIxNjI5OTI5MCJ9>

**Email us at:** [informationsecurity@providence.org](mailto:informationsecurity@providence.org)



## Information Security: Key Takeaways

- Information security is part of my role and responsibility!
- Before downloading any program, software, and/or app to my work device, I must get approval from IS.
- No one should be accessing my devices that contain Providence work-related information.
- My Providence owned devices can be monitored and/or reviewed at any time. I have no expectation of privacy on these devices.
- I know how to contact my IS team when I need them.



# Information Security Program Policies

System wide policies apply to all workforce members and are a great resource. The Information Security Program owns and maintains the policies listed below. These policies, and many more, [can be found in PolicyStat](#).

- PSJH-RIS-801 Information Security Management
  - PSJH-RIS-801.01 Security Risk Management
  - PSJH-RIS-801.02 Access Control
  - PSJH-RIS-801.03 Electronic Access for Workforce Members
  - PSJH-RIS-801.04 Security Education, Training and Awareness
  - PSJH-RIS-801.05 Contracting and Outsourcing (Third Party Vendor Management)
  - PSJH-RIS-801.06 Security Compliance
  - PSJH-RIS-801.07 Information Technology Asset Management
  - PSJH-RIS-801.09 Information System Acquisition, Development and Maintenance
  - PSJH-RIS-801.10 Business Continuity Management/Technology Disaster Recovery
  - PSJH-RIS-801.11 Acceptable Use
  - PSJH-RIS-801.12 PCI Compliance
  - PSJH-RIS-801.13 Mobile Web Application Security
  - PSJH-RIS-801.14 Security Exception Processing
  - PSJH-RIS-801.15 Data Handling and Destruction
  - PSJH-RIS-801.16 Network Security
  - PSJH-RIS-801.17 Multi-Factor Authentication
- PSJH-RIS-820 Public Cloud Security and Architecture
- PSJH-RIS-821 Password Management



To learn more about system policies, how to use PolicyStat, or if you have questions, please visit our [Policy Management Office SharePoint site](#).

## Conclusion

### Reporting Concerns

Every workforce member has the responsibility to report potential wrongdoing, anything that goes against our Code of Conduct and/or policies.

- Reports can be made anonymously.
- Providence's Non-Retaliation policy and the federal Whistleblower law protect workforce members from harassment or other hostile actions for reporting potential wrongdoing *in good faith*.
- If you feel like someone, including a supervisor or above, is retaliating against you for reporting a concern, report this to your compliance team.

## Reporting Concerns

Every workforce member has the responsibility to report potential wrongdoing, anything that goes against our Code of Conduct and/or policies.

### Ways to report a concern

- Discuss the issue or concern with your supervisor
- Discuss the issue or concern with the department manager
- If HR related, discuss it with your HR Partner, HR Service Center, or send report via HR Portal
- Contact your local or regional compliance liaison
- Call the Integrity Hotline at 888-294-8455, or use [Integrity Online](#), our web-based reporting tool by either using the QR code on this screen or typing in the URL. ([Click here for an Integrity Hotline FAQ.](#))



## Your Regional Compliance Team

*Click your state to visit your regional compliance team's SharePoint site.*



Alaska



Northern California



Southern California



Texas and New Mexico



Oregon



Washington and Montana



Swedish

## What's Next?

Now that you are complete with this course on compliance, privacy, and security, it is your responsibility to take the knowledge given and apply it to your work life. We all have an *individual accountability* to uphold the policies, guidelines, and laws within our organization and the government.

- **When in doubt, ASK!** Review this [resource guide](#), visit our internal SharePoint/Yammer sites, or reach out personally to a representative in your area. We are here to partner with you, to help you in doing the right thing right! We want everyone to be successful in their roles and in providing the best possible care to our patients.
- To further support you, provide clarity on this education, answer any questions, and allow for an online meet and greet with your regional compliance team, each region has set up monthly *Live Compliance Forums* for you to join. [Click here to view the schedule and add a forum that fits your schedule directly to your work calendar](#). You can also view your region's specific calendar by visiting their internal SharePoint website (*see previous slide*).
- Finally, click NEXT to complete a 12-question post test on this education. The post-test must be completed in order to be marked as Complete with this assignment.



## Post-Test

To complete this course, you must pass the post-test with a score of 80%. You may re-take the test as needed to pass.

*Click NEXT to begin.*



***3.6 All workforce members, regardless of region, line of business, or employment status, have dedicated compliance resources available to them through our organization's compliance program.***

*(Multiple Choice, 10 points, 1 attempt permitted)*



## Post-Test (Question 1 of 12)

All workforce members, regardless of region, line of business, or employment status, have dedicated compliance resources available to them through our organization's compliance program.

- True  
 False

Correct	Choice
X	True
	False

**Feedback when correct:**

This is true.

**Feedback when incorrect:**


This is true.

**Correct! (Slide Layer)**

**Post-Test** (Question 1 of 12)

All workforce have dedicated compliance p status, ion's

True  
 False


  
Correct!  
This is true.  
Continue

**Incorrect (Slide Layer)**

**Post-Test** (Question 1 of 12)

All workforce have dedicated compliance p status, ion's

True  
 False

  
Incorrect  
This is true.  
Continue

**3.7 You suspect non-compliant behavior within your department. As a workforce member, what action must you take?**

(Multiple Choice, 10 points, 1 attempt permitted)

**Post-Test** (Question 2 of 12)

You suspect non-compliant behavior within your department. As a workforce member, what action must you take?

- Ignore it, I don't want to be a tattletale
- Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor
- Report it to my immediate supervisor after conducting my own investigation
- Report it to a coworker

Correct	Choice
	Ignore it, I don't want to be a tattletale
X	Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor
	Report it to my immediate supervisor after conducting my own investigation
	Report it to a coworker

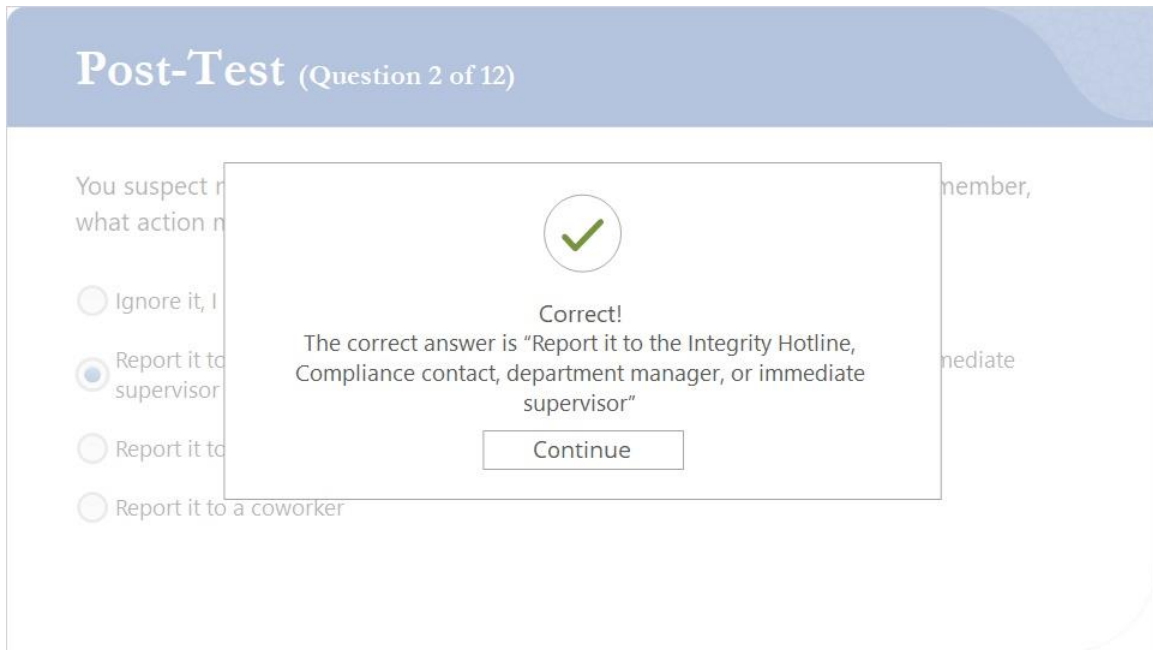
**Feedback when correct:**

The correct answer is "Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor"

**Feedback when incorrect:**

The correct answer is "Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor"

**Correct! (Slide Layer)**



The screenshot shows a slide titled "Post-Test (Question 2 of 12)". The question text is partially visible: "You suspect r... what action n...". To the right, the words "member," and "mediate" are visible. Below the question, there are four radio button options: "Ignore it, I...", "Report it to supervisor", "Report it to...", and "Report it to a coworker". The second option, "Report it to supervisor", is selected. A white rectangular overlay with a green checkmark icon and the text "Correct! The correct answer is 'Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor'" is centered on the slide. Below the overlay is a "Continue" button.



## Incorrect (Slide Layer)

**Post-Test** (Question 2 of 12)

You suspect n  
what action n

member,

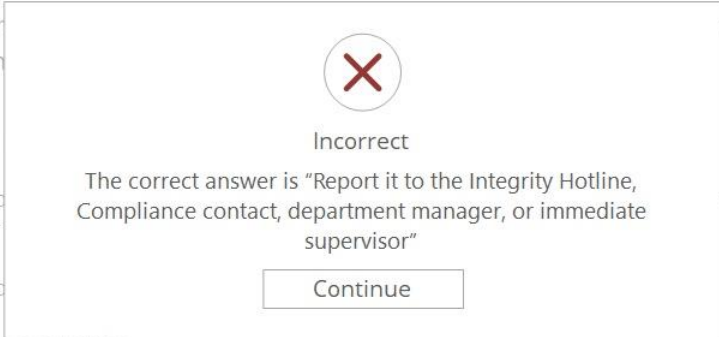
mediate

Ignore it, I

Report it to  
supervisor

Report it to

Report it to a coworker

An incorrect feedback dialog box is centered on the screen. It features a red 'X' icon in a circle at the top. Below the icon, the word 'Incorrect' is displayed. The main text reads: 'The correct answer is "Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor"'. At the bottom of the dialog box is a 'Continue' button.

Incorrect

The correct answer is "Report it to the Integrity Hotline, Compliance contact, department manager, or immediate supervisor"

Continue

### 3.8 Which of the following statements regarding accepting gifts is FALSE?

(Multiple Choice, 10 points, 1 attempt permitted)

**Post-Test** (Question 3 of 12)

Which of the following statements regarding accepting gifts is **FALSE**?

Caregivers may accept gifts (including gift cards) when gifted by a fellow caregiver or the organization.

Gifts that are unable to be accepted should be politely declined or donated to the Providence foundation.

Caregivers may accept gifts of cash or cash equivalents (gift cards or gift certificates) from a patient's family.

Report it to a coworker

Correct	Choice
	Caregivers may accept gifts (including gift cards) when gifted by a fellow caregiver or the organization.
	Gifts that are unable to be accepted should be politely declined or donated to the Providence foundation.
X	Caregivers may accept gifts of cash or cash equivalents (gift cards or gift certificates) from a patient's family.
	Report it to a coworker

**Feedback when correct:**

Caregivers may not accept gifts of cash or cash equivalents (gift cards or gift certificates) from a patient's family.

**Feedback when incorrect:**


Caregivers may not accept gifts of cash or cash equivalents (gift cards or gift certificates) from a patient's family.

**Correct! (Slide Layer)**

**Post-Test** (Question 3 of 12)

Which of the

- Caregivers or the
- Gifts that a Providence
- Caregivers (es) from a patient's family.
- Report it to a coworker



Correct!

Caregivers may **not** accept gifts of cash or cash equivalents (gift cards or gift certificates) from a patient's family.

Continue

**Incorrect (Slide Layer)**

**Post-Test** (Question 3 of 12)

Which of the

- Caregivers or the
- Gifts that a Providence
- Caregivers (es) from a patient's family.
- Report it to a coworker



Incorrect

Caregivers may **not** accept gifts of cash or cash equivalents (gift cards or gift certificates) from a patient's family.

Continue

**3.9 Patty Patient posts a positive review after receiving services at a Providence urgent care clinic and the clinic manager posts a response to the patient:**

***“Hi Patty Patient. I am so glad you came in yesterday and that it was a great experience for you. Whenever you are in town, we are here for you!”***

**Does the clinic manager’s post violate the Providence social media policy?**

*(Multiple Choice, 10 points, 1 attempt permitted)*

**Post-Test** (Question 4 of 12)

Patty Patient posts a positive review after receiving services at a Providence urgent care clinic and the clinic manager posts a response to the patient:

*“Hi Patty Patient. I am so glad you came in yesterday and that it was a great experience for you. Whenever you are in town, we are here for you!”*

Does the clinic manager’s post violate the Providence social media policy?

Yes

No

Correct	Choice
X	Yes
	No

**Feedback when correct:**

---







Correct	Choice
X	Access to the Electronic Medical Record is monitored.
X	Inappropriate access, use or disclosure of PHI may result in corrective action, up to and including termination of employment.
X	Providence does not permit access to a medical record if you are not part of the care team (this includes records for friends, family, and coworkers).

**Feedback when correct:**

All of these statements are true.

**Feedback when incorrect:**

All of these statements are true.

**Incorrect (Slide Layer)**

The screenshot shows a 'Post-Test (Question 5 of 12)' interface. On the left, a question asks 'Which of the record access...' with three radio button options, all of which are checked: 'Access to t...', 'Inappropri including t...', and 'Providence (this includ...'. A feedback slide is overlaid in the center, featuring a red 'X' in a circle, the word 'Incorrect', the text 'All of these statements are true.', and a 'Continue' button. The background text from the question is partially visible behind the slide.

**Correct (Slide Layer)**

**Post-Test** (Question 5 of 12)

Which of the following statements regarding medical record access is true?

- Access to the medical record is restricted to authorized personnel.
- Inappropriate use of the medical record, including the release of information, is prohibited.
- Providence Health Services (this includes all of its hospitals and ambulatory care centers) has a strict policy of confidentiality and privacy for its patients and their families.

Correct

All of these statements are true.

Continue

**3.11 Workforce members are allowed to access their own medical record by using the organization's patient electronic medical record (i.e. such as EPIC or Meditech)?**

*(Multiple Choice, 10 points, 1 attempt permitted)*



## Post-Test (Question 6 of 12)

Workforce members are allowed to access their own medical record by using the organization's patient electronic medical record (i.e. such as EPIC or Meditech)?

True

False

Correct	Choice
	True
X	False

**Feedback when correct:**

This is false.

**Feedback when incorrect:**

This is false.

**Correct! (Slide Layer)**


**Post-Test** (Question 6 of 12)

Workforce me  
organization's

he  
)?

True

False



Correct!

This is false.

Continue

**Incorrect (Slide Layer)**


**Post-Test** (Question 6 of 12)

Workforce me  
organization's

he  
)?

True

False



Incorrect

This is false.

Continue

**3.12 What should I do if approached by law enforcement who is requesting patient information? (Select all that apply.)**

(Multiple Response, 10 points, 1 attempt permitted)

**Post-Test** (Question 7 of 12)

What should I do if approached by law enforcement who is requesting patient information? (Select all that apply.)

- Do not release the information but inform the officer that management will be immediately informed of the request.
- Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution.
- Provide the information to the officer as requested.
- Contact the patient to whom the request applies and inform them that the officer is asking for their information.

Correct	Choice
X	Do not release the information but inform the officer that management will be immediately informed of the request.
X	Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution.
	Provide the information to the officer as requested.
	Contact the patient to whom the request applies and inform them that the officer is asking for their information.

**Feedback when correct:**

The correct answers are: “Do not release the information but inform the officer that management will be immediately informed of the request.” and “Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution.”

**Feedback when incorrect:**

The correct answers are: “Do not release the information but inform the officer that management will be immediately informed of the request.” and “Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution.”

**Incorrect (Slide Layer)**

The screenshot shows a 'Post-Test (Question 7 of 12)' interface. A question is partially visible: 'What should information?'. There are four multiple-choice options, with the first two selected: 'Do not release information and inform the officer that management will be immediately informed of the request.' and 'Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution.'. A feedback box is overlaid on the question, indicating an incorrect answer. The feedback box contains a red 'X' icon, the word 'Incorrect', and the text: 'The correct answers are: “Do not release the information but inform the officer that management will be immediately informed of the request.” and “Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution.”'. A 'Continue' button is located at the bottom of the feedback box.

## Correct (Slide Layer)

**Post-Test** (Question 7 of 12)

What should  
information?

Do not rele  
informed o


Immediate  
the approp

Provide the

Contact the patient to whom the request applies and inform them that the officer is asking  
for their information.

Immediately

ment to



**Correct**

The correct answers are: "Do not release the information but inform the officer that management will be immediately informed of the request." and "Immediately inform management so that the request can be escalated by management to the appropriate operational department for resolution."

### 3.13 Is it ok to share your user ID & password?

(Multiple Choice, 10 points, 1 attempt permitted)

**Post-Test** (Question 8 of 12)

Is it ok to share your user ID & password?

Yes

No



Correct	Choice
	Yes
X	No

**Feedback when correct:**

The answer is no. Passwords are to be kept confidential and not shared with anyone.

**Feedback when incorrect:**

The answer is no. Passwords are to be kept confidential and not shared with anyone.

**Correct! (Slide Layer)**

The screenshot shows a slide titled "Post-Test (Question 8 of 12)". On the left, there is a question: "Is it ok to sha" with two radio button options: "Yes" and "No". The "No" option is selected. A central modal box displays a green checkmark icon, the word "Correct!", and the feedback text: "The answer is no. Passwords are to be kept confidential and not shared with anyone." Below the text is a "Continue" button.


## Incorrect (Slide Layer)

**Post-Test** (Question 8 of 12)

Is it ok to share your password with anyone?

Yes

No



Incorrect

The answer is no. Passwords are to be kept confidential and not shared with anyone.

[Continue](#)

### ***3.14 Is it a safe practice to leave your laptop and / or sensitive information in plain view in your vehicle?***

*(Multiple Choice, 10 points, 1 attempt permitted)*

**Post-Test** (Question 9 of 12)

Is it a safe practice to leave your laptop and / or sensitive information in plain view in your vehicle?

Yes

No

Correct	Choice
	Yes
X	No

**Feedback when correct:**

The answer is no. A vehicle is not considered a safe storage location.

**Feedback when incorrect:**

The answer is no. A vehicle is not considered a safe storage location.

**Correct! (Slide Layer)**

The screenshot shows a 'Post-Test' interface for 'Question 9 of 12'. The question is 'Is it a safe place to store your vehicle?'. Two radio button options are visible: 'Yes' and 'No'. The 'No' option is selected. A central feedback box displays a green checkmark icon, the text 'Correct!', and the feedback message: 'The answer is no. A vehicle is not considered a safe storage location.' Below this message is a 'Continue' button. The text 'view in' is partially visible on the right side of the slide.

## Incorrect (Slide Layer)


Post-Test (Question 9 of 12)

Is it a safe place to store your vehicle?

Yes

No

view in



Incorrect

The answer is no. A vehicle is not considered a safe storage location.

Continue

**3.15 You receive an email with a link that says get a \$10 Dave and Busters gift card when you register with us for your COVID-19 vaccine. Is it safe to click?**

*(Multiple Choice, 10 points, 1 attempt permitted)*

## Post-Test (Question 10 of 12)

You receive an email with a link that says get a \$10 Dave and Busters gift card when you register with us for your COVID-19 vaccine. Is it safe to click?

Yes

No

Correct	Choice
	Yes
X	No

### Feedback when correct:

The answer is no. Workforce members should not click on links, or open attachments in suspicious emails. This would be an example of a potential phishing email.

### Feedback when incorrect:

The answer is no. Workforce members should not click on links, or open attachments in suspicious emails. This would be an example of a potential phishing email.




### Correct! (Slide Layer)

**Post-Test** (Question 10 of 12)

You receive a suspicious email when you register v

Yes

No



**Correct!**

The answer is no. Workforce members should not click on links, or open attachments in suspicious emails. This would be an example of a potential phishing email.


### Incorrect (Slide Layer)

**Post-Test** (Question 10 of 12)

You receive a suspicious email when you register v

Yes

No



**Incorrect**

The answer is no. Workforce members should not click on links, or open attachments in suspicious emails. This would be an example of a potential phishing email.

**3.16 Is using your personal email for Providence related business acceptable?**

(Multiple Choice, 10 points, 1 attempt permitted)

**Post-Test** (Question 11 of 12)

Is using your personal email for Providence related business acceptable?

Yes

No

Correct	Choice
	Yes
X	No

**Feedback when correct:**

The answer is no. Per Providence policy, the use of a personal email (@hotmail, @gmail, etc.) is against policy. Only Providence emails should be used for conducting Providence business.

**Feedback when incorrect:**

The answer is no. Per Providence policy, the use of a personal email (@hotmail, @gmail, etc.) is against policy. Only Providence emails should be used for conducting Providence business.


**Correct! (Slide Layer)**

**Post-Test** (Question 11 of 12)

Is using your

Yes

No



**Correct!**

The answer is no. Per Providence policy, the use of a personal email (@hotmail, @gmail, etc.) is against policy. Only Providence emails should be used for conducting Providence business.

[Continue](#)


**Incorrect (Slide Layer)**

**Post-Test** (Question 11 of 12)

Is using your

Yes

No



**Incorrect**

The answer is no. Per Providence policy, the use of a personal email (@hotmail, @gmail, etc.) is against policy. Only Providence emails should be used for conducting Providence business.

[Continue](#)

**3.17 You would like to use a free online application for grammar / spell checking. Is using the free application for reviewing Providence emails and documents a safe practice?**

(Multiple Choice, 10 points, 1 attempt permitted)

**Post-Test** (Question 12 of 12)

You would like to use a free online application for grammar / spell checking. Is using the free application for reviewing Providence emails and documents a safe practice?

Yes

No

Correct	Choice
	Yes
X	No

**Feedback when correct:**

The answer is no. It is against policy to use non-licensed Providence applications. All applications must be reviewed for security risks prior to being used, even freeware / shareware!

**Feedback when incorrect:**

The answer is no. It is against policy to use non-licensed Providence applications. All applications must be reviewed for security risks prior to being used, even freeware / shareware!


**Correct! (Slide Layer)**

**Post-Test** (Question 12 of 12)

You would like to use the free applications provided for practice?

Yes

No



**Correct!**

The answer is no. It is against policy to use non-licensed Providence applications. All applications must be reviewed for security risks prior to being used, even freeware / shareware!

Continue


**Incorrect (Slide Layer)**

**Post-Test** (Question 12 of 12)

You would like to use the free applications provided for practice?

Yes

No



**Incorrect**

The answer is no. It is against policy to use non-licensed Providence applications. All applications must be reviewed for security risks prior to being used, even freeware / shareware!

Continue



### 3.18 Post-Test: Results

(Results Slide, 0 points, 1 attempt permitted)

## Post-Test: Results

Your Score: %Results.ScorePercent%%

Passing Score: %Results.PassPercent%%

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Result:

Results for
3.6 All workforce members, regardless of region, line of business, or employment status, have dedicated compliance resources available to them through our organization's compliance program.
3.7 You suspect non-compliant behavior within your department. As a workforce member, what action must you take?
3.8 Which of the following statements regarding accepting gifts is FALSE?
3.9 Patty Patient posts a positive review after receiving services at a Providence urgent care clinic and the clinic manager posts a response to the patient: "Hi Patty Patient. I am so glad you came in yesterday and that it was a great experience for you.

Whenever you are in town, we are here for you!"
Does the clinic manager's post violate the Providence social media policy?
3.10 Which of the statements regarding protected health information (PHI) and medical record access is true? (Select all that apply.)
3.11 Workforce members are allowed to access their own medical record by using the organization's patient electronic medical record (i.e. such as EPIC or Meditech)?
3.12 What should I do if approached by law enforcement who is requesting patient information? (Select all that apply.)
3.13 Is it ok to share your user ID & password?
3.14 Is it a safe practice to leave your laptop and / or sensitive information in plain view in your vehicle?
3.15 You receive an email with a link that says get a \$10 Dave and Busters gift card when you register with us for your COVID-19 vaccine. Is it safe to click?
3.16 Is using your personal email for Providence related business acceptable?
3.17 You would like to use a free online application for grammar / spell checking. Is using the free application for reviewing Providence emails and documents a safe practice?

Result slide properties

Passing

80%

Score

### Success (Slide Layer)

## Post-Test: Results

Your Score: %Results.ScorePercent%%

Passing Score: %Results.PassPercent%%

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Result:

✓ Congratulations! You passed.

[Continue](#)

### Failure (Slide Layer)

## Post-Test: Results

Your Score: %Results.ScorePercent%%

Passing Score: %Results.PassPercent%%

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Result:

✗ You did not pass.

[Retake Post-Test](#)

## Congratulations!

You have completed the Compliance, Privacy and Security Education course.

Click the "EXIT" link in the upper right to close the course.

