



SAINT LOUIS UNIVERSITY

Office of University Compliance

# COMPLIANCE E-NEWS

## Office of University Compliance

Caroline Building  
Room C130  
3545 Vista Ave  
St. Louis, MO 63104  
31-977-5545

## Upcoming Events

### HIPAA Sessions:

November 18, 2010  
December 16, 2010  
3:00pm – 4:00 pm  
LRC 110

### Billers Meeting:

November 16, 2010  
10:00am-11:30am  
LRC:  
Auditorium C

## Resources

SLU HIPAA Website:

[www.slu.edu/hipaa](http://www.slu.edu/hipaa)

Center for Medicare &  
Medicaid Services:

[www.cms.hhs.gov](http://www.cms.hhs.gov)

[www.cms.gov/transmittals/downloads/R1875CP.pdf](http://www.cms.gov/transmittals/downloads/R1875CP.pdf)

If you have any comments or questions regarding the Compliance E-News please contact Lynn Monahan at [monahanl@slu.edu](mailto:monahanl@slu.edu)

## SLU Research Compliance

The Office of University Compliance welcomes two additional members, Kerry Borawski and Michael Reeves. Both individuals bring expertise to the new Research Compliance arm of the department.

Currently, they are impacting the following areas: Research Compliance Auditor Kerry Borawski is working with the Saint Louis University Research Division on drafting an electronic Conflict of Interest (*eCOI*) Disclosure Form. The *eCOI* Form will replace the paper version in January 2011, and will introduce many advantages, such as self populated fields and more focused questions. The Research Division will invite many more individuals on campus to complete the *eCOI* Form. Researchers will find demographic information and research activities data automatically populates to their customized fields. The ability to systematically collect COI information is an important development for the University, as it is increasingly important to comply with federal granting agency

regulations. The Conflict of Interest Policy may be accessed through the link: [http://www.slu.edu/Documents/provost/research\\_services/ConflictOfInterestPolicy.pdf](http://www.slu.edu/Documents/provost/research_services/ConflictOfInterestPolicy.pdf)

Questions or requests for additional information may be directed to Kerry Borawski at 977-7720 or [kborawsk@slu.edu](mailto:kborawsk@slu.edu)

Research Compliance Auditor Michael Reeves created a University Policy on Export Controls. Reeves is collaborating with the Manager of Responsible Conduct of Research, International Services, Human Resources and Information Technology to implement the University wide policy. For qualified research, Export Controls refers to any item, technology, letters, travel, or software sent from the United States to a foreign destination; this is not limited to items that are shipped. E-mail, phone conversations, letters, travel or packages sent to/brought to foreign soil fall under the parameters of export control regulations.



In addition, any discussion of export controlled research with a foreign national or allowing them access to controlled research or materials within the borders of the United States is a violation of export control regulations. The Export Control Policy may be accessed through the link: [www.slu.edu/32370.xml](http://www.slu.edu/32370.xml)

If you have any questions or would like additional information regarding Export Controls contact Michael Reeves at 977-5880 or [mreeves8@slu.edu](mailto:mreeves8@slu.edu)

## Contact Us:

### Compliance Department 977-5545

Kathleen Merlo, Director  
[merlokb@slu.edu](mailto:merlokb@slu.edu)

Ron Rawson, Privacy Officer  
[rawsonr@slu.edu](mailto:rawsonr@slu.edu)

Sally Frese, Asst. Director  
[freesm@slu.edu](mailto:freesm@slu.edu)

Lynn Monahan, Compliance  
Coordinator  
[monahanl@slu.edu](mailto:monahanl@slu.edu)

Karen George, Compliance  
Auditor  
[georgekm@slu.edu](mailto:georgekm@slu.edu)

David Vence, Compliance  
Auditor  
[dvence@slu.edu](mailto:dvence@slu.edu)

Kerry Borawski, Research  
Auditor  
[kborawsk@slu.edu](mailto:kborawsk@slu.edu)

Michael Reeves, Research  
Auditor  
[mreeves8@slu.edu](mailto:mreeves8@slu.edu)

Theresa Brewer, Adm.  
Assistant  
[tbrewer3@slu.edu](mailto:tbrewer3@slu.edu)

Heather Muniz, Adm.  
Secretary  
[hmuniz1@slu.edu](mailto:hmuniz1@slu.edu)

## HIPAA Privacy Update

Ron Rawson/ SLU Privacy Officer

With the start of a new fiscal year and the addition of new faculty and staff, HIPAA/Privacy educational programs are in full swing. This is an appropriate time to remind all personnel of the definition of protected health information (PHI) and the basic HIPAA/Privacy Rules:

### Protected Health Information (PHI):

Any information, including demographic information collected from an individual, that:

- is created or received by a health care provider, health plan, or health care clearinghouse;
- relates to the past, present, or future physical or mental health or condition of an individual, the provision of health to an individual, or the past, present, or future payment of the provision of health care to an individual, and;
- is individually identifiable.

Following is the list of individual identifiers as defined by HIPAA Privacy Rule:

- Names
- Address - geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code
- Dates
- Medical record numbers
- Telephone numbers
- Fax numbers
- Email addresses
- Social Security numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code

### HIPAA Privacy Tips

- Use private areas to discuss PHI when discussing information with patients, family, or visitors.
- Do not discuss patient information with colleagues or staff in elevators, cafeterias, or other public places.
- Obtain patient verbal permission before discussing information in front of family and friends.
- Do not access patient health information unless it is necessary to perform your job duties, including that of your friends, family members, colleagues, or yourself.
- When using Electronic Health Records, log-off of your computer or "secure it" when away from the workstation.
- Store passwords in secure areas – not accessible by others.

