hospital and health plan hallways. Unfortunately, we providers don't have veto power over HIPAA at the United Nations.

While we chafe at the dictatorial approach of HIPAA, try to put HIPAA in perspective. In most states, HIPAA changes are bothersome, but they don't need to be the huge and expensive problem some consultants are making it out to be. All HIPAA does is formalize what is being done, hopefully, in practice. Yes, it adds some costs and bureaucratic and unnecessary steps to the health care process, but common sense should still prevail. I think HIPAA really only requires a written notice of privacy practices that is available to patients, on the Web and in the facility or office or store; some kind of acknowledgment from the patient in writing, like signing a log book; care in the use of medical information and tracking its disclosure outside regular health care operations (meaning sending a bill to a payer is not trackable); and patient access to his or her record, with the right to request the ability to alter or comment on the record, which the provider doesn't have to agree to.

There are stupid sides to HIPAA, like requiring a provider to obtain written privacy agreements from vendors who obtain protected information. They are already required to keep the information confidential, but we will waste millions of dollars nationwide in legal, printing, and postage costs just to comply with this make-work, unnecessary requirement. I guess I should get over it and feel sorry for the thousands of people in Los Angeles who have lost access to primary care while the county fattens the pockets of consultants and feels that it has somehow done something to protect patients' privacy. I am sure that the sick who show up at shuttered clinics will suddenly be cured knowing that if they can find a provider, their information will be protected.

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HIPAA on the Edge

Dear Editor,

My job takes me to many different types of health care settings. I have been painfully watching the HIPAA evolution in the places I visit. It spurs me to share a few stories.

Last month, I was in a local hospital. The hospital was challenged to figure out how to dispose of their used IV bags. Each IV bag is labeled with the patient's name. Evidently, the local hospital association sent this hospital a news-flash informing them that they would be in violation of HIPAA if they simply threw the empty IV bag in the patient's waste paper basket—a practice that has been done forever. Emptying the trash 3 times a day is simply not adequate anymore—absolute paradise for a HIPAA consultant!

Last week, one of my friends told me of a heated battle he observed in the academic medical center. Legal counsel had informed the medical staff that all specialists, unless they were the admitting physician, could not look at a patient's chart until the patient had given informed consent. Yes, another potential HIPAA violation. Can you imagine a teaching hospital full of specialists who can't look at a chart until the patient provides informed consent? HIPAA on the edge!

Closer to home, I am coordinating a 40-site, 4,000-patient benchmarking study. It involves a retrospective review of the patient's medical record and data collection by a clinician who works in the study site. No patient-identifying information is transferred to me to perform the benchmarking—no name; no geographic subdivision of the patient's address smaller than a state; no elements of date (birth, admission, discharge, initiation of therapy, etc.); and no identifying numbers (social security, medical record, prescriber number, etc.).

I coordinated a conference call earlier this week, and one site (and I am thankful it was only one) inquired about locating patients who had previously been discharged from the hospital to obtain informed consent to retrospectively review their medical record. The reason cited—HIPAA. Eeeeks, I quietly thought, HIPAA on the edge again—it has finally happened to me!

Quickly, though, I discovered the valuable HIPAA consultants—those other pharmacists on the conference call. They profoundly dismissed the notion that this practice would constitute a HIPAA violation. Their logic was as simple as one...two...three: (1) no patient identifying information, (2) the hospital's own staff collecting the data, (3) therefore, no need for informed consent. Patient privacy can be a good thing—but not on the edge!

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