Activity 2.1.6
Patient Privacy

Who is allowed to know that you are sick? The federal privacy rule, the four violations that actually cost people their jobs, and a method for judging a scenario you have never seen before.

DATE	PORTAL DAY	LESSON	TURN IN
Tuesday 2026-10-12	**Ethics of privacy**	**Lesson 2.1 Talk to Your Doc**	**CER**

Where this sits. Single day. Portal calendar label for today: Ethics of privacy.

01 Why today matters

For all of Unit 2 you work as the primary care physician on shift at Total Care Clinic, running one appointment schedule from morning to night.

Before you touch a single patient, you need the rule that decides what you may repeat about them and to whom, because every chart, vital sign and lab result you handle for the rest of this unit is covered by it.

02 What you already know

- Unit 1 taught you that evidence stops being trustworthy the moment you lose control of who handled it. Health information works the same way.
- You also know from Unit 1 that a professional claim has a ceiling: you say what your evidence supports and no more. Today the ceiling is legal as well as scientific.

WHAT THIS SHEET WILL NOT TELL YOU

- This sheet gives you the rule and the method. It does not tell you how any of the seven scenarios comes out. That verdict is the work.

03 Vocabulary

TERM	WHAT IT MEANS, PLAINLY
HIPAA	A 1996 federal law that gives patients rights over their health information and sets rules for the people and organizations that hold it. The letters stand for Health Insurance Portability and Accountability Act.
Protected health information (PHI)	Any health detail that can be tied back to a named person: visits, conditions, medicines, test results, payment records.
Covered entity	An organization the privacy rule actually binds. Health plans, health care clearing houses and providers who bill electronically. This is the first thing to check, because the rule cannot be broken by someone it does not cover.

Business associate	An outside company that handles protected information on a covered entity's behalf, such as a billing service or a records vendor. It carries the same duty.
Disclosure	Releasing information about a patient to anyone outside the group already caring for them.
Permitted disclosure	A release the rule allows without asking the patient first. Treatment, payment, running the practice, and certain reports required by law all sit in this group.
Authorization	Written permission from the patient for a release that is not already permitted. Signed, specific and revocable.
Minimum necessary	When you are allowed to release something, release only the part needed for the job in front of you.
Risk analysis	A practice checking its own weak points on purpose: unlocked cabinets, screens facing the waiting room, unencrypted laptops, doors that carry sound.
Breach	An unauthorized release of protected information. Breaches are reportable, and large ones carry fines that run into millions.
Incidental disclosure	Something overheard by accident when reasonable precautions were already in place. Handled differently from a careless release, which is why the precautions matter.
Infographic	A one-page visual that carries information through layout, not paragraphs. Short text, few colors, simple images, one idea per block.

Every term on this list is flagged for the illustrated glossary, scoped to this activity only. Terms are not shared forward or backward between activities, because a definition from a later activity can hand you an answer you were supposed to derive.

04 How to do the work

Work with a partner. You will read the privacy resource, judge three scenarios, then build a training poster for one audience.

1. Read the HIPAA information resource end to end before you look at any scenario. Write three things in your notebook: what counts as protected information, who is bound by the rule, and the situations in which information may be released without asking.
2. Copy the four common violation categories into your notebook in your own words. For each one, write a single sentence describing what it would look like at Total Care Clinic on an ordinary Tuesday.
3. Open the clinic waiting room graphic. For each of the four hot spots, name the specific piece of information that escaped and name the person it escaped to.
4. Choose three of the seven scenarios with your partner. Read each one twice before you argue about it.
5. For each chosen scenario, run the four checks in the box below in order. Write the answer to each check before you write your verdict.
6. Write your verdict for each scenario as a claim, then the evidence from the scenario text, then reasoning that names the specific rule or principle you applied. Disagreement between you and your partner is useful. Record it rather than smoothing it over.
7. Decide with your group whether you are building the staff poster or the patient poster, then list what belongs on it before you draw anything. A staff poster answers what am I not allowed to do. A patient poster answers what am I owed.
8. Draft the infographic. Keep it to one page, few words, few colors, simple images.
9. Trade with a group that built the other audience's poster. Give one thing that works and one thing a reader would misread. Then revise yours.

THE FOUR CHECKS, IN THIS ORDER

- Is the person who released the information a covered entity or a business associate? If they are not, the privacy rule does not reach them. That does not make what they did right. It means you are judging it with a different tool, and you have to say which one.
- Was the released detail actually protected health information? It has to be health related and it has to be tied to an identifiable person. A first name in a room where somebody can match it to a face is identifiable.
- Does the release fall into one of the permitted categories? Treatment, payment, operations, and disclosures required by law are permitted. If it fits one, ask next whether only the minimum necessary went out.
- If it was not permitted, was there a valid authorization from the patient? And if the patient is a minor, ask who is legally allowed to give it, because that answer is not the same for every kind of care or every age.

05 Where students get stuck

- Judging the feeling instead of the rule. An exchange can be uncomfortable, unkind or unprofessional and still not be a privacy violation. It can also be perfectly polite and be a serious one. Your verdict has to come out of the four checks, not out of how the scene reads.
- Assuming the rule covers everyone who handles health information. Plenty of people learn health facts about you: teachers, coaches, employers, friends. Most of them are not covered entities. Run check one first, every time, or you will write confident verdicts about a law that was never in the room.
- Treating any overheard word as a breach. A busy clinic is not silent. The question the rule asks is whether reasonable precautions were in place, not whether sound travelled. Name the precaution that was missing, or say honestly that you cannot see one.
- Forgetting that age changes who may be told. Consent for a minor is not one rule. It varies with the kind of care and with state law. When a scenario turns on a minor, say that the answer depends on that, and say what you would need to look up.
- Building an infographic that is a paragraph in a box. If your poster needs to be read like an essay it has failed. Cut until each block is one idea and the reader can find the one they need in three seconds.

06 What you turn in

CER

One claim, evidence, reasoning response covering all three scenarios you chose. For each scenario: Claim, one sentence, violated or not violated. Evidence, the exact detail from the scenario that decided it, plus the line from the privacy resource you leaned on. Reasoning, which of the four checks the scenario turned on and why. Add your infographic draft and the feedback you received. Where you and your partner disagreed, record both positions and say which check you disagree about.

07 Check yourself

- [ ] Two of the four checks can end the analysis on their own before you ever reach the question of authorization. Which two, and what does each one tell you? (How to do the work, the four checks)
- [ ] A nurse gives a patient's full test results to another clinician who is treating that same patient. Which permitted category is that, and which extra rule still applies to how much gets shared? (Vocabulary, permitted disclosure and minimum necessary)

- [ ] Why does a practice have to examine its own weak points on purpose, rather than waiting for something to go wrong and fixing that? (Vocabulary, risk analysis)