



UNIVERSITY OF WISCONSIN-MADISON

# HIPAA Lunch & Learn:

## Achieving Compliance when Interacting with the Media and the General Public

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UW-Madison HIPAA Privacy Officer  
[www.compliance.wisc.edu/hipaa](http://www.compliance.wisc.edu/hipaa)

## **HIPAA Refresher...**

HIPAA refers to the **Health Insurance Portability and Accountability Act** of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). It applies to:

- individual healthcare providers (like physicians, nurses, pharmacists)
- institutional providers (such as hospitals and health systems).

HIPAA applies to all forms of **Protected Health Information** (“**PHI**”) including paper records, photos and videos, electronic records, and information shared verbally or visually.

Enforced by the Office for Civil Rights (OCR) and State Attorneys General.

### **HIPAA Refresher...**

UW-Madison is an institution subject to HIPAA; it is a **“hybrid entity”** for HIPAA compliance purposes. The portions of campus subject to HIPAA comprise the UW-Madison Health Care Component (the “UW HCC”).<sup>1</sup>

Within the UW HCC -- the “workforce”<sup>2</sup> required to comply with HIPAA includes:

Personnel in the units of the UW HCC (faculty, staff, students, trainees, volunteers)

Members of UW-Madison who work for or attend school outside of designated UW HCC areas and perform functions for the UW HCC either by project (such as a research study) or by assignment (like completing a class that requires observing patient care activities)

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1. See UW-Madison HIPAA Policy 1.1 for a detailed listing of the areas of campus included in the UW HCC: <https://compliance.wisc.edu/policies-and-forms/>.
2. Workforce means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate. (See 45 CFR 160.103.)

### **HIPAA Refresher...**

HIPAA applies to all forms of **Protected Health Information** ("**PHI**") including

- paper records
- electronic records
- photos and videos, and
- information shared verbally or visually

## HIPAA Refresher... PHI

**PHI** is any individually-identifiable health information **created** or **received** by a health care provider relating to any of the following:

- The past, present, or future physical or mental health conditions of the individual
- The provision of health care to the individual
- The past, present, or future payment for health care to an individual

PHI either contains certain specific identifiers or includes any information with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

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Even where no prior patient or research-subject relationship exists, when individually-identifiable health information is received by a health care provider it meets HIPAA's definition of PHI and needs to be treated as such. For the purposes of this presentation – note that this expressly includes “marketing/media” efforts because of the ways in which our University programs engage in outreach in the community, or in ways that generate responses (which often include PHI) from members of the public which are directed to Health Care Providers at UW-Madison.

This also arises in situations where, for instance, researchers at UW-Madison receive individually-identifiable health information about patients of hospitals or clinics outside the United States – and when researchers or providers want to promote international volunteer mission trip experiences using photos taken which show full-face images along with the type of care, dates of services, and specific geographic location.

## HIPAA Refresher...

Compliance with UW-Madison HIPAA policies is required of **all members of the workforce** of the UW HCC.

The UW HCC is trusted to safeguard PHI generated and used for the purposes of **teaching, research**, and providing **clinical care**.

It is critical that the UW HCC workforce protect the privacy and security of the PHI of **patients** and **research** subjects. **It's the law**, and **it's the right thing to do**.

Remember: Compliance with HIPAA is the **collective responsibility** of all of us in the UW HCC!

### HIPAA Refresher...

HIPAA allows using and disclosing PHI in certain situations without obtaining authorization,<sup>3</sup> such as

- for treatment, payment, and health care operations
- when required by law (required by a valid court order or abuse reporting laws, for instance)
- for public health reporting
- to report crime in emergencies
- to avert a serious threat to health or safety

In other situations, **authorization is required**.

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### 3. See 45 CFR 164.502 - 45 CFR 164.514

Please note: “**Health care operations**” is a defined term under HIPAA (See 45 CFR 164.501). It includes any of the following activities of a Covered Entity to the extent that the activities relate to covered functions:

(1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;

(2) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training

of non-health care professionals, accreditation, certification, licensing, or credentialing activities;

(3) Except as prohibited under §164.502(a)(5)(i), underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance), provided that the requirements of §164.514(g) are met, if applicable;

(4) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;

(5) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and

(6) Business management and general administrative activities of the entity, including, but not limited to:

(i) Management activities relating to implementation of and compliance with the requirements of this subchapter;

(ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer.

(iii) Resolution of internal grievances;

(iv) The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity; and

(v) Consistent with the applicable requirements of §164.514, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

### **HIPAA Refresher...**

In general, HIPAA authorizations are **required** before disclosing PHI:

- to news media
- on websites or social media
- in documentaries or recorded online videos

### **HIPAA authorization ≠ University Communications' General Talent Release**

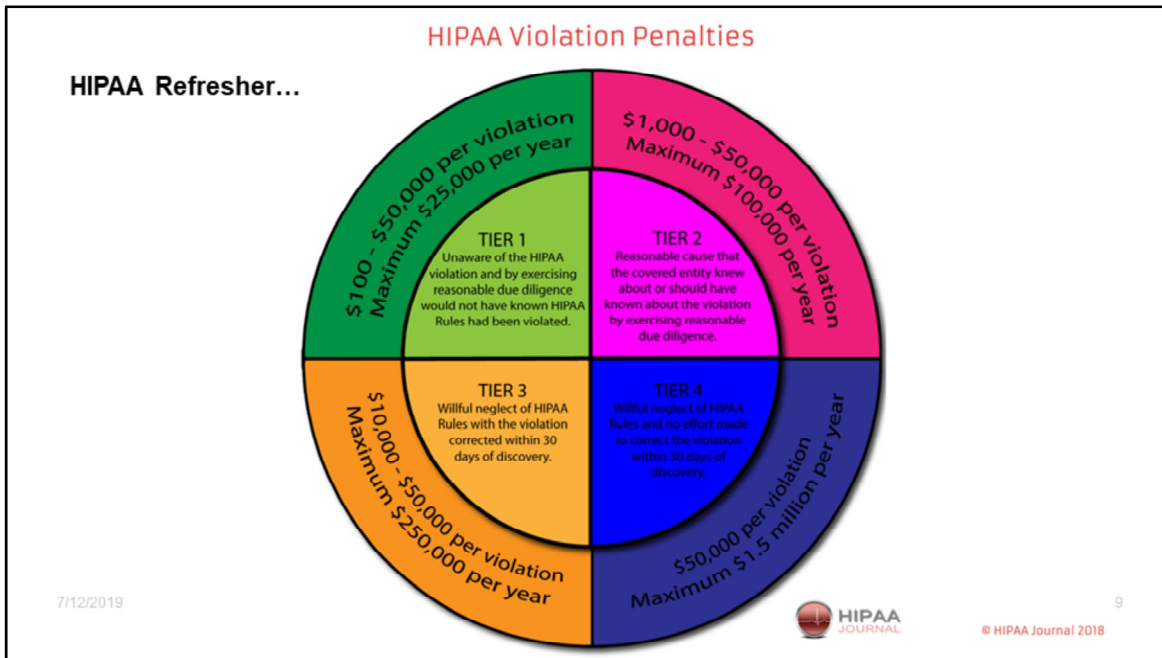
HIPAA-compliant authorizations include 6 core elements and 3 required statements<sup>4</sup> and may not be compounded with other agreements except in limited circumstances.

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#### **4. See 45 CFR 164.508(c)**

The general University Communications Talent Release does not meet the requirements of HIPAA. For instance, the Talent Release states it is irrevocable; a HIPAA-compliant authorization must explain to an individual how s/he may revoke their authorization.



4. See 45 CFR 164.508(c)



### New York Presbyterian Hospital - \$2.2M Settlement with OCR (4/21/16)

- Allowed filming of TV show (*NY Med*) without patients' authorization
- Insufficient Physical Safeguards to protect patients' privacy
- Crew filmed patient dying and another in distress, after staff urged them to stop



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#### OCR News Update (04/21/16)

New York Presbyterian Hospital – \$2.2M settlement for violations of HIPAA related to filming of ABC Network's *NY Med* reality TV show, without first obtaining patients' authorization, and failure to use appropriate physical safeguards (TV crew had "free reign" in facility).



**New York Presbyterian Hospital - \$2.2M Settlement with OCR (4/21/16)**

**"This case sends an important message that OCR will not permit covered entities to compromise their patients' privacy by allowing news or television crews to film the patients without their authorization."**

-- Former OCR Director, Jocelyn Samuels

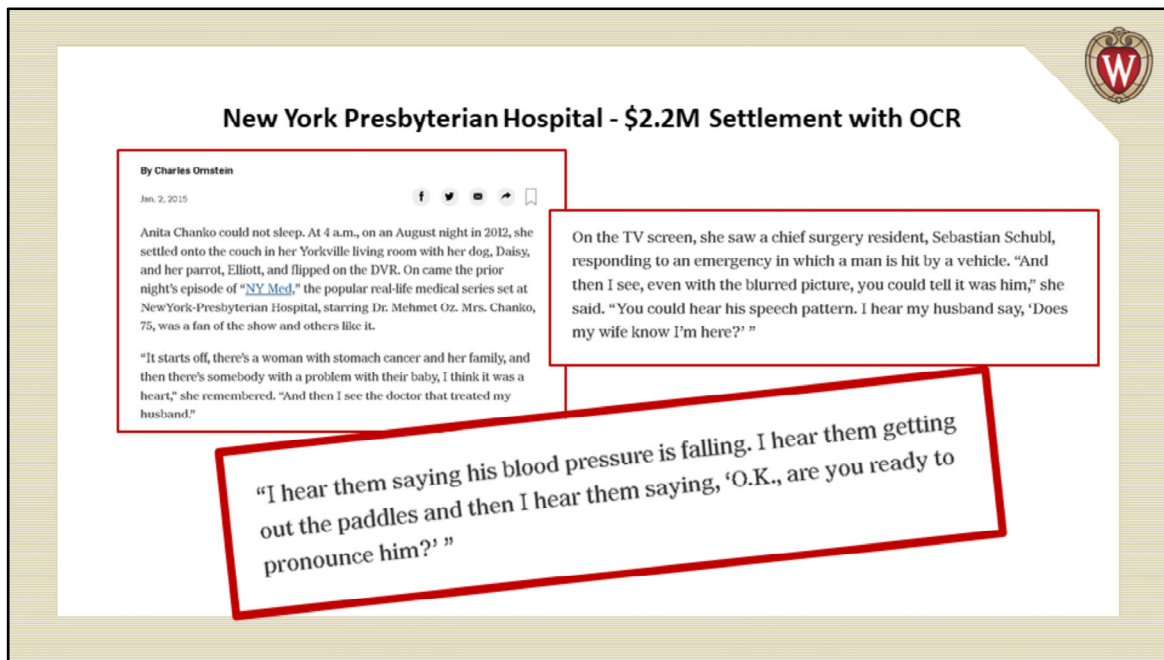
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<https://wayback.archive-it.org/3926/20170127191558/https://www.hhs.gov/about/news/2016/04/21/unauthorized-filming-ny-med-results-22-million-settlement-new-york-presbyterian-hospital.html>

The hospital and ABC intended for videos to be "blurred" to prevent re-identification, but blurring alone was specifically noted as an insufficient method to de-identify video footage at issue. In the captured videos, unique voices and details about why patients sought emergency care were sufficient to allow re-identification.



Article: "Dying in the ER, and on TV Without His Family's Consent"  
January 2, 2015, by Charles Ornstein

<https://www.nytimes.com/2015/01/04/nyregion/dying-in-the-er-and-on-tv-without-his-familys-consent.html>



### **New York Presbyterian Hospital - \$2.2M Settlement with OCR**

It all started in 2008 when the public affairs team at Presbyterian reached out to *NY Med* producer and ABC News staffer Terence Wrong to get the documentary treatment for their hospital.

“He had done two series at Johns Hopkins Hospital in Baltimore and we wanted to show what happens in New York,” says Myrna Manners, VP and vice provost for public affairs at the hospital. “You can't buy this kind of publicity, an eight-part series on a major broadcast network.”

For Manners and her team, getting a show made about their hospital would not only allow them to build up a national reputation, but also educate the audience about the complex world of healthcare. It was also about showcasing the impact of academic medicine and its role in advancing healthcare for patients.

Article: “Hard-hitting stories of life and death are changing the rules from a PR perspective as New York-Presbyterian admits reality TV cameras.” December 1, 2012, by Virgil Dickson

<https://www.prweek.com/article/1277402/emergency-tv>



### New York Presbyterian Hospital - \$2.2M Settlement with OCR

Once the show wrapped, New York-Presbyterian worked with ABC's PR department to promote the show, which led to appearances on the *Late Show with David Letterman* and in major publications such as *The New York Times*. The hospital also worked with Rubenstein Communications to get coverage in outlets such as *The Wall Street Journal*.

Each week *NY Med* averaged about 5 million viewers. After the show ran, a reunion special aired on *Dr. Oz*.

As of September, the hospital experienced 268 million media impressions, a 29% increase in website visitation, a 47% increase in Facebook likes, and a 118% increase in Twitter followers.

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**Boston Medical Center, Brigham & Women's Hospital, Mass General Hospital - \$999K Total Settlement with OCR (9/20/18)**

- Allowed filming of TV show (*Boston Med*) without patients' authorization





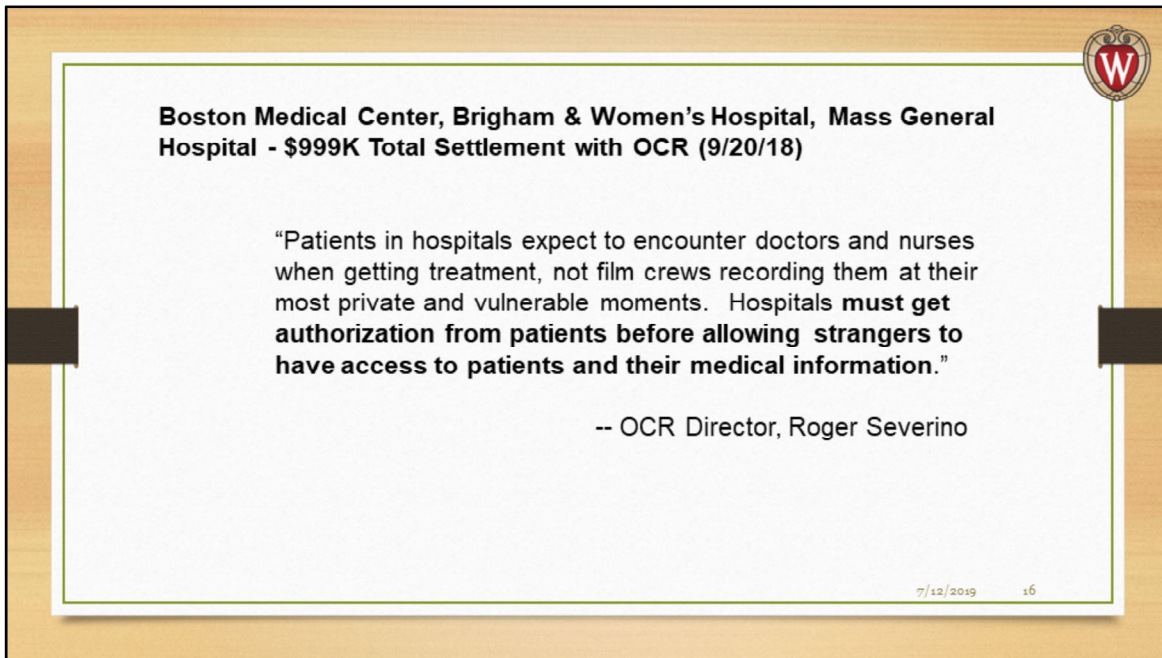
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OCR News Release (9/20/18)

<https://www.hhs.gov/about/news/2018/09/20/unauthorized-disclosure-patients-protected-health-information-during-abc-filming.html>

\$999K Total Settlement with OCR for violations of HIPAA related to filming of ABC Network's *Boston Med* reality TV show, without first obtaining patients' authorization.

Here... OCR was tipped off by a January 12, 2015, article in the Boston Globe about patient privacy issues which arise in connection with the filming of medical documentaries. See <https://www.bostonglobe.com/metro/2015/01/12/debate-over-cameras-crew-films-boston/we50wuQ6bUPAU6sFcXA17H/story.html>.



**Boston Medical Center, Brigham & Women's Hospital, Mass General Hospital - \$999K Total Settlement with OCR (9/20/18)**

"Patients in hospitals expect to encounter doctors and nurses when getting treatment, not film crews recording them at their most private and vulnerable moments. Hospitals **must get authorization from patients before allowing strangers to have access to patients and their medical information.**"

-- OCR Director, Roger Severino

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OCR News Release (9/20/18)

<https://www.hhs.gov/about/news/2018/09/20/unauthorized-disclosure-patients-protected-health-information-during-abc-filming.html>

Filing a Complaint HIPAA for Professionals Newsroom

Can health care providers invite or arrange for members of the media, including film crews, to enter treatment areas of their facilities without prior written authorization?

Answer:

Health care providers cannot invite or allow media personnel, including film crews, into treatment or other areas of their facilities where patients' PHI will be accessible in written, electronic, oral, or other visual or audio form, or otherwise make PHI accessible to the media, without prior written authorization from each individual who is or will be in the area or whose PHI otherwise will be accessible to the media. Only in very limited circumstances, as set forth below, does the HIPAA Privacy Rule permit health care providers to disclose protected health information to members of the media without a prior authorization signed by the individual.

A covered entity, including a health care provider, may not use or disclose protected health information (PHI), except either: (1) as the HIPAA Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing. Generally, the HIPAA Privacy Rule does not permit health care providers to disclose PHI to media personnel, including film crews, without having previously obtained a HIPAA-compliant authorization signed by the patient or his or her personal representative. In other words, health care providers may not allow members of the media, including film crews, into treatment areas of their facilities or other areas where PHI will be accessible in written, electronic, oral or other visual or audio form, without prior authorization from the patients who are or will be in the area or whose PHI will be accessible to the media. It is not sufficient for a health care provider to request or require media personnel to mask the identities of patients (using techniques such as blurring, pixelation, or voice alteration software) for

The Boston Med Settlement led OCR to emphasize a specific FAQ regarding interactions between Covered Entities and the Media. OCR clarified that HIPAA does not permit Covered Entities to disclose PHI to media personnel (*including, but not limited to, film crews*) without first having obtained a HIPAA-compliant authorization.

“Covered Entities may not allow members of the media [] into treatment areas of their facilities or other areas where PHI will be accessible in written, electronic, oral, or other visual or audio form, without prior authorization from the patients who are or will be in the area or whose PHI will be accessible to the media.”

<https://www.hhs.gov/hipaa/for-professionals/faq/2023/film-and-media/index.html>

Filing a Complaint   HIPAA for Professionals   Newsroom

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<https://www.hhs.gov/hipaa/for-professionals/faq/2023/film-and-media/index.html>

There are very limited situations in which the HIPAA permits disclosing PHI to the media without authorization:

- A Covered Entity may seek the media’s assistance identifying or locating the family of an unidentified and incapacitated patient in its care.  
In that case, the covered entity may disclose limited PHI about the incapacitated patient to the media if, in the hospital’s professional judgment,

doing so is in the patient's best interest. See 45 CFR. 164.510(b)(1)(ii).

- A Covered Entity may disclose a patient's location in the facility and condition in general terms that do not communicate specific medical information about the individual to any person, including the media, without obtaining a HIPAA authorization ***where the individual has not objected to their information being included in the facility directory***, and the media representative or other person asks for the individual by name. See 45 CFR 164.510(a).
- The HIPAA Privacy Rule does not require health care providers to prevent members of the media from entering areas of their facilities that are otherwise generally accessible to the public, which may include public waiting areas or areas where the public enters or exits the facility.
- A health care provider may utilize the services of a contract film crew to produce training videos or public relations materials on the provider's behalf if certain protections are in place.

If patients are to be identified by the provider and interviewed by a film crew, or if PHI might be accessible during filming or otherwise disclosed, the provider must enter into a **HIPAA business associate agreement** with the film crew acting as a business associate. Among other requirements, the business associate agreement must ensure that the film crew will safeguard the PHI it obtains, only use or disclose the PHI for the purposes provided in the agreement, and return or destroy any PHI after the work for the health care provider has been completed. See 45 C.F.R. 164.504(e)(2).

As a business associate, the film crew must comply with the HIPAA Security Rule and a number of provisions in the Privacy Rule, including the Rule's restrictions on the use and disclosure of PHI. In addition, authorizations from patients whose PHI is included in any materials would be required before such materials are posted online, printed in brochures for the public, or otherwise publicly disseminated.

- Covered entities can inform the media of their treatment services and programs so the media can inform the public, provided that, in doing so, the covered entity does not share PHI with the media without the prior authorization of the individuals who are the subject of the PHI.

## What does this all mean for UW-Madison?

### Marketing / Public Affairs Situations When Authorization is Required

Written HIPAA-compliant Authorization must be obtained when:

- Taking individually-identifying photos at health fairs / outreach events for websites and social media<sup>5</sup>
  - Gait/balance screening
  - BP or blood-glucose screening
  - Medication reconciliation
  - Events targeting (or collecting information from) individuals with a specific diagnosis or condition
- Taking photos of individuals in pharmacies, rural health clinics, space in our UW HCC<sup>6</sup>
  - Be mindful of what is in background! Prescription labels, medical records, imaging file names
- Photos or filming of research subjects for news interviews, public recruitment, documentaries<sup>7</sup>

**Consult HIPAA Privacy Officer or Legal Counsel to review specific situations**

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5. An individually-identifying photograph that relates to past/present/future healthcare to an individual or payment for that care, in the hands of a member of the “workforce” of the UW HCC, is PHI. It should be stored securely and may only be disclosed with written authorization (which should be obtained prior to the photo being taken).
6. In addition to obtaining authorizations for the reason stated in Note 5 (above), you also need to be mindful of a host facility’s policies and procedures about taking and using photos or other media in their premises.
7. In addition to obtaining authorizations, you may need to work with the reviewing IRB for approval of your intended use of any photos or videos featuring research subjects/participants.

### **What paperwork do I need to complete before using a photo or video?**

Paperwork to maintain: UW-Madison Office of Compliance **HIPAA-compliant Authorization**<sup>8</sup>

This will meet HIPAA's requirement for obtaining written authorization and also guard against Invasion of Privacy claims brought under Wisconsin State law.<sup>9</sup>

Note:

- The University Communications "Talent Release" does not comply with HIPAA<sup>10</sup>
- If a third party is involved, they may ask for a release as well ... be sure to give individual time to review

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8. UW-Madison Office of Compliance HIPAA-compliant Authorization is available at <https://compliance.wiscweb.wisc.edu/wp-content/uploads/sites/102/2017/12/Auth-for-Disc-of-Medical-Info-General2017-12-15-1.pdf>. Additional authorizations are available at [compliance.wisc.edu/hipaa](https://compliance.wisc.edu/hipaa) which have been designed specifically for conferences, journal articles, etc. (\*\*If a UW Health authorization was/is used instead, it is likely sufficient – however, be mindful that not all UW-Madison research subjects or participants are UW Health patients; and not all attendees of outreach events are UW Health patients, especially in more rural or distant locations across the state. These individuals may be confused about why they are signing a UW Health authorization form, and should be provided with information about who to contact at UW-Madison with questions or to revoke authorization.\*\*)
9. Wisconsin's Right to Privacy statute: Wis. Stat. 995.50. (See <http://docs.legis.wisconsin.gov/statutes/statutes/995/50?view=section>).
10. The general University Communications Talent Release is available at <https://universityrelations.wisc.edu/content/uploads/2019/01/talent-release.pdf>; it is not HIPAA-compliant because it does not include the required core elements

and statements (briefly mentioned during discussion at Slide 8).

The required core elements and statements may be found at 45 CFR 164.508(c):

**Core elements.** A valid authorization under this section must contain at least the following elements:

- (i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
- (ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
- (iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
- (iv) A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
- (v) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
- (vi) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

**Required statements.** In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:

- (i) The individual's right to revoke the authorization in writing, and either:
  - (A) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
  - (B) To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by §164.520, a reference to the covered entity's notice.
- (ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:
  - (A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or
  - (B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.
- (iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this subpart.

**But... I didn't think University Communications required that?**

## **PERMISSION/MODEL RELEASES**

Written permission is *required* for photos or videos of children, patients in health care settings or laboratories, research participants, and for photos or videos of individuals being featured in advertisements or promotional materials in which a person's name, image and/or likeness are being used.

[Download the general release form that can be used for most instances](#)

**Please note:**

If you are part of the UW-Madison Health Care Component, your use of photos may also be subject to HIPAA regulations, policies, or accreditation standards unique to your area of campus. (Contact the [HIPAA Privacy Officer](#) for more guidance.) Therefore, if you are part of the UW-Madison Health Care Component, you must contact UW-Madison's HIPAA Privacy Officer (link to [www.compliance.wisc.edu/hipaa](http://www.compliance.wisc.edu/hipaa)) for a release.

In situations where University Communications is photographing a university preschool facility or a K-12 school classroom, we confirm with that administrative entity that parents or guardians have given permission for their children to be photographed. In these cases, the administrative entity most often maintains its own photo policy records and provides permission.

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See <https://universityrelations.wisc.edu/policies-and-guidelines/photo-guidelines/>.

### **Other Issues To Keep in Mind**

- Coordination with UW Health when UW Health facilities are involved or nearby
- Coordinate with University Communications to be aware of publicity
  - Risk Management
  - Press Releases / Coordinate with Media
- Referral to UW Health Vendor Liaison Office for processing if in UW Health facilities
- Work with your reviewing IRB or Privacy Board for research-related publicity
- Infection Control / Cleanliness of equipment to be used

### **Other Issues To Keep in Mind**

- Coordination with OLA if UW-Madison or UW Health trademarks will be used
  - NOTE: UW Health trademarks are controlled by UW-Madison
- Communication with HR and impacted staff
- Communication with educational program leaders and students
- If bringing third parties on-site ...
  - Someone should accompany them at all times (public and non-public areas)
  - Give thought to meal / restroom breaks and arranging separate conference rooms or "hospitality" spaces to keep third party reps in appropriate areas

## Other Guidelines to keep in mind

### Examples of Professional Society Guidelines and Ethics Statements

- *American Nurses' Association Principles for Social Networking and the Nurse*<sup>11</sup>
- *Ethical Physician Conduct in the Media, AMA Code of Medical Ethics Opinion 8.12*<sup>12</sup>
- *Professionalism in the Use of Social Media [by Physicians and Medical Students]*<sup>13</sup>
- *Code of Ethics for Pharmacists*<sup>14</sup>
- *ASHP Statement on Use of Social Media by Pharmacy Professionals*<sup>15</sup>

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11. See <https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/social-networking.pdf>

12. See <https://www.ama-assn.org/delivering-care/ethics/ethical-physician-conduct-media>

13. See <https://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media>

14. See <https://www.pharmacist.com/code-ethics>

15. See <https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/use-of-social-media-by-pharmacy-professionals.ashx>

**If you become aware of a potential incident...**

- Report to HIPAA Privacy & Security Officers via UW-Madison Incident Report Form
- Online Qualtrics form -- sends reports automatically to
  - HIPAA Privacy Officer and HIPAA Privacy Coordinator for involved HCC Unit
  - HIPAA Security Officer and HIPAA Security Coordinator for HCC Unit

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See [www.compliance.wisc.edu/hipaa](http://www.compliance.wisc.edu/hipaa)

← → ↻ 🏠 <https://compliance.wisc.edu/hipaa/> ★ ⚙️ 👤

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# HIPAA

## OVERVIEW

UW-Madison is committed to protecting the privacy and security of health information, as mandated by the [Health Insurance Portability and Accountability Act of 1996](#) (HIPAA) and the Health Information

**REPORT A HIPAA INCIDENT**

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See [www.compliance.wisc.edu/hipaa](https://www.compliance.wisc.edu/hipaa)

The HIPAA Incident Report Form now looks like this:

The screenshot shows a web form titled "HIPAA Incident Report Form" for the University of Wisconsin-Madison. The form is set against a white background with a red header bar at the top. The University of Wisconsin-Madison logo, featuring a red "W" inside a gold crest, is positioned in the top left corner of the form area. The text "WISCONSIN UNIVERSITY OF WISCONSIN-MADISON" is displayed to the right of the logo. The form itself is a simple layout with horizontal lines for text entry. It begins with the title "HIPAA Incident Report Form", followed by a section header "Reporter Information". Below this, a prompt "List your contact information:" is followed by a horizontal line. The form then has two labeled input fields: "First and Last Name" and "Title", each with a corresponding text box. The form is flanked by two vertical grey bars on the left and right sides. A red header bar is at the top of the page.

WISCONSIN  
UNIVERSITY OF WISCONSIN-MADISON

HIPAA Incident Report Form

Reporter Information

List your contact information:

First and Last Name

Title

7/12



## Panel Discussion / Questions

**Lisa Brunette**, SMPH/UW Health, Director of Media Relations  
**Claire Dalle Molle**, UW-Madison, University Legal Counsel  
**Tricia Kvitrud**, UW-Madison, Senior University Legal Counsel  
**Amanda Reese**, UW-Madison, HIPAA Privacy Officer

**Lisa Brunette:** Lisa serves as the Director of Media Relations for UW Health and serves as the main point of contact for media-related issues impacting SMPH. In that role, she supervises a seven-person team at UW Health that proactively generates media coverage while also responding to media requests for information and experts. She is also responsible for providing communications counsel to physicians, staff, and senior leadership. Lisa earned her undergraduate degree from Ripon College in English and Philosophy, and obtained her master's degree from Harvard University.

**Claire Dalle Molle:** Claire Dalle Molle is an attorney with the UW-Madison Office of Legal Affairs. Her practice currently focuses primarily on health law. In this role, she advises faculty and employees of the University's health sciences schools on matters including: patient care and risk management, regulatory compliance, practice regulation and licensing, health care information privacy and security, and health care and services contracting. Prior to working for UW-Madison, Claire worked for the Wisconsin Department of Children and Families and the Office of the State Public Defender. She earned her undergraduate degrees in Political Science and Spanish and her law degree from UW-Madison.

**Tricia Kvitrud:** Tricia Kvitrud is also an attorney with the UW-Madison Office of Legal

Affairs, focusing her practice health law. Her portfolio includes the areas mentioned previously in Claire's bio as well as risk management, and corporate and structural requirements related to health care entities. Tricia began her career at the law firm of Quarles & Brady, and later served as in-house counsel to a large integrated health system in Northern Wisconsin and Minnesota. She earned her undergraduate degree in Business from UW-Madison and her law degree from the University of Minnesota.

**Amanda Reese:** Amanda is a member of the UW-Madison Office of Compliance, serving as the HIPAA Privacy Officer. Prior to working for UW-Madison, she served as the Associate Counsel and Privacy Officer for the University of Wisconsin Medical Foundation, Inc. (one of the "UW Health" entities), was in private practice with Michael Best & Friedrich LLP, and worked as the administrator for Madison Veterinary Specialists, SC. Amanda earned her undergraduate degree in Animal Science from Iowa State University and her law degree from Northern Illinois University.