

## HIPAA Reform

### Information on New Privacy Standards for Medical Patients

Recently, medical patients have been hearing the term “HIPAA” being used in their doctor’s offices, pharmacies and hospitals. Patients are also being given a Notice of Privacy Practices or other handouts pertaining to their privacy. This paperwork is handed out in order to comply with the Health Insurance Portability and Accountability Act of 1996, known as HIPAA.

HIPAA took effect on April 14, 2003 and is the first ever federal privacy standard to protect patients’ medical records and other health information. HIPAA protects health information that is provided to health plans, doctors, hospitals and other health care providers. The regulations protect **medical records and other individually identifiable information**, whether it is on paper, in computers, or communicated orally.

These privacy standards were developed by the Department of Health and Human Services (HHS) and they provide patients with access to their medical records and more control over how their personal health information is used and disclosed. The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other health care providers can use patients’ personal medical information. State laws providing additional protections to patients are not affected by HIPAA.

HIPAA also requires health plans, pharmacies, doctors and other entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. HHS’ Office for Civil Rights (OCR) oversees and enforces HIPAA regulations and have issued extensive guidance and technical assistance materials to make it as easy as possible for health care providers to comply with the law and its regulations.

It is important to note that the new HIPAA regulations will not affect a patient’s treatment, insurance or other health-care operations. These regulations simply give the patient more control over their own medical records and information.

If a patient believes that a health care provider covered under HIPAA violated their health information privacy rights, or committed another violation, they may file a complaint with the Office for Civil Rights.

For more information about HIPAA and its regulations or how to file a complaint, go on-line to: <http://www.hhs.gov/ocr/hipaa> or call the toll free HIPAA Hotline at: (866) 627- 7748.

From the Missouri Protection and Advocacy Services Alliance Summer 2003

#### *The First Two Rules of Self-Improvement*

*#1. It will be difficult.*

*#2. It will be worth it.*

## Research Updates

Contrary to conventional theories, a new study appears to indicate that it is possible to diagnose a person as having both bipolar disorder and attention-deficit hyperactivity disorder (ADHD). The study refutes the widely held assumption that the manic episodes people with bipolar disorder exhibit may simply be the hyperactive phase of ADHD. And, in a separate Massachusetts General Hospital study, researchers found that the anti-depressant medication bupropion (GlaxoSmithKline's Wellbutrin) may be effective in providing treatment to people with both disorders. For more information:

[http://www.eurekalert.org/pub\\_releases/2003-07/mgh-scd070903.php](http://www.eurekalert.org/pub_releases/2003-07/mgh-scd070903.php)

Long thought of as just symptoms of clinical depression, insomnia and other sleep disorders may actually trigger depression, according to a University of Rochester researcher. For more information:

<http://www.psychologytoday.com/htdocs/prod/PTOArticle/PTO-20030715-000001.asp>

### Is “stigma” the right word?

*By Otto F. Wahl, Ph.D., Clinical Psychologist and Professor of Psychology, George Mason University, Fairfax, VA*

“Stigma” is a term that has long been used to refer to a mark or label that leads to a person being discredited and devalued in the eyes of his or her community. It is well established that people diagnosed with psychiatric disorders face negative attitudes and poor treatment by others. Whether to continue to refer to this phenomenon as “stigma”, however, has recently become a subject of considerable debate.

Some people have expressed concern that the term itself may be stigmatizing. Repeated use of the term “stigma” in conjunction with “mental illness,” it has been noted, may establish stigma as an element of mental illness, as inevitable and intrinsic to psychiatric conditions. The pervasive verbal attachment of “stigma” to “mental illness” thus parallels and reinforces the social attachment of stigma to psychiatric disorders. Moreover, because “stigma” is almost exclusively used in the context of mental illness, not other health conditions, the negative connotations associated with “stigma” are reinforced.

In addition, some uses of the term “stigma” seem to imply that “mental illness stigma” resides within the individual rather than having been imposed unfairly by society. Dictionary definitions, which often fail to note external imposition (e.g., Webster's “a mark of disgrace or infamy, a stain or reproach, as on one's reputation”), support the concern that stigma may be seen as a flaw of the individual. Even Erving Goffman's scholarly attempt at defining stigma—“an attribute that is thoroughly discrediting”—carries with it the implication that stigma is a trait, a characteristic intrinsic to the individual.

A legitimate concern, then, is that repetition of the term “stigma” in connection with “mental illness,” with the implication that stigma is a property of the mental illness, may perpetuate a perception of people with mental illnesses as lesser, fundamentally flawed, human beings.

A related concern is that the term “stigma” does not direct blame for the disenfranchised status of those with psychiatric diagnoses where it belongs and does not call for social change in the same way, as do terms such as “prejudice” and “discrimination.” Prejudice is something that is recognized as wrong and unacceptable. When this term is used, people understand that the fault is with others, not the target of the prejudice. The term “stigma” does not clearly carry this message. Since unfair and unfounded negative attitudes toward a group of people based on stereotypes and misunderstanding are often hallmarks of mental illnesses, prejudice is both an appropriate term and one that directs people toward consideration of their own biased views.

Similar arguments have been presented for using the term “discrimination” rather than “stigma.” Discrimination is easily recognized as both unacceptable and the fault of its perpetrators rather than its targets. Moreover, some believe that it is public actions—more than the beliefs or misunderstandings that may underlie them—that need to be the focus of change efforts. They suggest that it is denied opportunities, not negative public attitudes, that create the greatest barriers to meaningful recovery from mental illnesses.

In addition, discrimination can be attacked with legislation and litigation to compel changed behavior. Law cannot similarly prohibit stigma. Furthermore, use of discrimination terminology allows one to frame the issue in terms of rights rather than desires. It is not simply a matter of people with mental illnesses wanting and requesting respectful treatment, but of people claiming their legal and civil rights.

As sensible as the above arguments are, however, it is my opinion that we should not abandon the term “stigma” in favor of “prejudice” and/or “discrimination.” My reasons are as follows:

First, the term “stigma” has a historical context that should not be forgotten. The term comes from the practices of the ancient Greeks who branded their slaves with a visible physical mark, a stigma, to be sure that others knew at a glance that the marked person was not entitled to the same privileges as other citizens. Thus, the Greek word “stigma” does convey the imposition of a disenfranchising mark, one we would clearly recognize today was unfairly imposed and not relevant to the human worth and dignity of those to whom it was applied. The term represents the subjugation of worthy people by those in power and the arbitrary assumption of inferiority based upon an assigned marker. Rather than conveying that the problem is within the individual, then, the term “stigma” should remind us how imposed markers can be unjustly used to deny social and community status.

Second, stigma is a broader concept than discrimination or prejudice and the latter terms cannot capture all that we should be considering. Stigma involves not just negative emotional biases toward those with mental illnesses (prejudice), but also language and images that foster misunderstanding and devaluation even when communicators do not see their messages as

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## **DBSAKC SUPPORT GROUPS**

**Please call the persons listed, (not the location sites) for meeting information.**

**BIPOLAR/DEPRESSIVES**                      Old Mission United Methodist Church  
Thursdays 7:00 p.m.                      Shawnee Mission Parkway & Mission Road  
Contact: Tony Terwelp                      (816) 942-5802      Fairway, Ks

**SOUTHSIDE**                                      Mid-America Rehabilitation Hospital Cafeteria  
Wednesdays 7:00 p.m.                      5701 W 110<sup>th</sup>, Overland Park, Ks  
Contact: Janet Northcott                      (913) 384-0782 (West of Nall, between I-435&College)

### **ADDITIONAL SUPPORT AND RESOURCES IN THE AREA**

**BIPOLAR SUPPORT GROUP**                      Miami County Mental Health Center  
Tuesdays 7:00 p.m.                      401 N. East Street  
Contacts: Steve or Jeri Raub                      1-913-783-4493      Paola, Ks 66071

**CONSUMER SUPPORT GROUP**                      Platte Woods United Methodist Church  
2<sup>nd</sup> & 4<sup>th</sup> Tuesdays, 7:00 p.m.                      7310 Prairie View Road  
Contact: Debbi Swanson                      (816) 931-0030      Platte Woods, Mo

**CONSUMER SUPPORT GROUP**                      Westport Library  
1<sup>st</sup> & 3<sup>rd</sup> Wednesdays, 1:00-2:30 p.m.                      118 Westport Road  
Contact: (816) 807-1919                      Kansas City, Mo

### **INFORMATIVE WEBSITES**

[www.bipolarsurvivor.com](http://www.bipolarsurvivor.com)

[www.bipolar.com](http://www.bipolar.com)

[www.bipolar.kids.com](http://www.bipolar.kids.com)

[www.mhah.org](http://www.mhah.org)

**Famous names and faces with bipolar disorder**

**Bipolar (Manic-Depression) Information**

### **Helpful Numbers**

**Mental Health Association of the Heartland**

**(913) 281-2221**

**Mental Help Line**

**(913) 281-1234**

**Compassionate Ear**

**(913) 281-2251**

**1-866-WARM-EAR**

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relevant to mental illnesses. Stigma, in my view, involves not only behavior that denies rightful opportunities (discrimination), but also quite legal behavior that nevertheless hurts, offends, and demoralizes. Moreover, the broad category of stigma may encompass the internalized attitudes that people with mental illnesses sometimes adopt from society about themselves and that may lead to self-fulfilling prophecies of demoralization and failure.

Further, the term “stigma” may help others acknowledge their contributions to the problem and change their behaviors. While the terms “prejudice” and “discrimination” have the advantage of placing the onus on those who display them, they are also harsh terms that may generate more defensiveness than understanding when they are used. People may be able to accept that they contribute in some ways to stigma, especially when that contribution is inadvertent, but they may resist the accusation that they show prejudice and discriminate against those who need their understanding and support.

Finally, the term “stigma” has a research history. The negative attitudes and behaviors of the public toward people with mental illnesses have been studied extensively, and access to that research (e.g., through computerized databases) would most efficiently be accomplished by use of the keyword “stigma.” Similarly, current and future work on these issues can most effectively be tied to the previous work on which they build by referencing “stigma” in their texts or titles. While this is a minor consideration relative to the impact of terminology on removing or perpetuating public misunderstanding, it is nevertheless one of modest practical significance.

*From Resource Center to Address Discrimination and Stigma, Spring 2003*

***Time is the coin of your life. It is the only coin you have, and only you can determine how it will be spent. Be careful lest you let other people spend it for you.***

***-Carl Sandburg-Writer***

***Birds sing after a storm, why shouldn't we?***

***-Rose Fitzgerald Kennedy***

### **On Manic Depression**

*“I have often asked myself whether, given the choice, I would choose to have manic-depressive illness. If lithium was not available to me, or didn't work for me, the answer would be a simple no...and it would be an answer laced with terror. But lithium does work for me, and therefore I can afford to pose the question. Strangely enough, I think I would choose to have it. It's complicated... I honestly believe that as a result of it I have felt more things, more deeply; had more experiences, more intensely; loved more, and have been more loved; laughed more often for having cried more often; appreciated more the springs, for all the winters... Depressed, I have crawled on my hands and knees in order to get across a room and have done it for month after month. But normal or manic I have run faster, thought faster, and loved faster than most I know.*

***-Kay Redfield Jamison***