AIDA Content Map

SAMPLE TOPIC	
What is the training topic?	**Are you the subject matter expert (SME) or did you select a topic from Source Content?**
HIPAA Privacy training	Source Content

DEFINED BUSINESS GOAL AND PROBLEM
Define the business that your sample relates to: What type of business is it? What industry is it a part of? What is the name of the business (fictional or real, if volunteering for a real company)?
X Health is a hospital that employs doctors, nurses, medical staff, receptionists, and billing specialists.
What is the business goal for this training? What does success look like for the company?
This training aims to increase HIPAA Privacy compliance by 10% in six months by increasing the staff's ability to keep patient information private.
What is the business problem (gap), that when solved or closed, would help the organization reach the above goal? In other words, WHY is the goal not being met right now?
The goal of 90% compliance is not being met because employees have forgotten HIPAA Privacy regulations.

AUDIENCE
Who are the primary learners (audience) that will be taking the training? Be specific.
Current employees at the hospital. Adults age 18 or older
What are the basic demographics of your primary learners?
Staff have a high school diploma or GED.
What are your learners' prior knowledge/skill level?

Learners have prior knowledge of HIPAA Privacy.
(Current State) What is currently happening with the target audience that needs to change? Before learners take your training, what are they doing, or not doing successfully?
Learners are not keeping patient information private. They forget what falls under HIPAA privacy and how to keep information private.
(Future State) What should the target audience be doing? Once learners complete the training, what should learners be able to do successfully?
Learners will be able to keep patient information private by identifying what information falls under HIPAA.

CONTENT OUTLINE				
ACTIONS NEEDED TO MEET GOAL				
Directions	**Action 1:**	**Action 2:**	**Action 3:**	**Action 4:**
List all of the actions that a learner would need to take for the business goal above to be achieved.	Recognize and protect Protected Health Information (PHI)	Use secure communication practices.	Report and respond to privacy incidents.	
Directions				
State HOW these actions tie back to the business goal.	Employees need to know what PHI is and how to protect it.	Sharing PHI through approved, secure channels allows them to keep it safe and be HIPAA compliant.	To increase HIPAA compliance, employees need to recognize and report any privacy incidents.	

LEARNING OBJECTIVES				
Directions	**Terminal LO 1:**	**Terminal LO 2:**	**Terminal LO 3:** (optional)	**Terminal LO 4:** (optional)

List all of the terminal learning objectives (LOs) that the learner will need to achieve to meet the business goal. Your sample should have 2-4 terminal LOs. *Each LO should connect with the action that is in the **corresponding column** above.*	Apply appropriate safeguards to prevent unauthorized access to protected health information in compliance with HIPAA regulations.	Use secure methods for transmitting PHI, including verifying recipient identity and obtaining necessary patient consent, to ensure compliance with HIPAA guidelines.	Recognize potential HIPAA privacy breaches and correctly follow organizational reporting and response procedures to mitigate risks.	
Directions	**Are there any enabling LOs that support terminal LO 1? (optional)**	**Are there any enabling LOs that support terminal LO 2? (optional)**	**Are there any enabling LOs that support terminal LO 3? (optional)**	**Are there any enabling LOs that support terminal LO 4? (optional)**
If there is an enabling LO that supports the terminal LO, list those here. Not all terminal LOs may have a supporting enabling LO. Terminal LOs may stand on their own but enabling LOs should not.				

CONTENT OUTLINE				
Directions	**Subtopic 1:**	**Subtopic 2:**	**Subtopic 3 (Optional):**	**Subtopic 4 (Optional):**
List the subtopics (categories of chunked content) in a meaningful order. *Each subtopic should connect with the LO and*	Introduction to HIPAA and PHI.	Protecting Patient Information.	Recognizing and Reporting Privacy Incidents.	

*the action that are in the **corresponding columns** above.*				
Directions	**Information / details:**	**Information / details**	**Information / details**	**Information / details**
Outline the information that each subtopic will cover. Avoid going beyond the scope of the LOs. Only include info that is needed to achieve the LOs. This section needs some detail, not just a couple of words. *Example: If your content involves 5 steps of a process, you must write out all 5 steps. If it's three characteristics, all three characteristics must be named.* *The information should connect with the action, LO's, and subtopic listed in the **corresponding columns** above.*	HIPAA - Healthcare Information Portability and Accountability Act HIPAA's Privacy Rule governs who can access and share PHI. HIPAA's Security Rule focuses on safeguarding electronic PHI through administrative, physical, and technical safeguards. PHI - Protected Health Information - Patient demographics (name, address, social security number, date of birth, etc.) - Billing statements - Beneficiary data - Claims data - Medical records	Protecting PHI in the workplace: ● Electronic PHI: ○ Always log off or lock screens when away from your computer ○ Use encrypted email or secure portals for communication ○ Never share login credentials or passwords ● Paper Records: ○ Store files in locked cabinets when not in use ○ Shred document	Violations - Sharing patient information you learned at work for any reason other than work-related purposes is a violation of HIPAA. Violations can result in jail time, fines, and civil lawsuits. HIPAA Violations include: 1. Unauthorized access or disclosure. a. Sharing PHI without patient concent b. Accessing patient records without a legitimate reason 2. Failure to safeguard PHI a. Leaving patient	

		s containing PHI before disposal ○ Never leave charts or forms unattended in public or shared areas ● Verbal Disclosures: ○ Avoid discussing patient details in public areas ○ Conversations regarding protected health information should take place in a secure location. ○ Confirm identities before sharing information (when speaking with	information visible to others b. Not encrypting electronic records or emails 3. Improper disposal of PHI a. Throwing away documents with PHI without shredding b. Improperly discarding digital devices 4. Lack of training or policies a. Staff not trained in HIPAA practices b. No clear procedures for handling PHI 5. Breach Notification Failures a. Not reporting breaches	

		patient's family) ○ Speak quietly and privately when necessary. Examples of unsecured locations: - Elevators - Waiting areas - Cafeterias PHI can be used or shared as necessary for treatment, payment, and health care operations. Ask First—Don't assume it is okay to discuss a patient's information in front of visitors or even family members without asking the patient first. Incidental Disclosure - In emergencies, PHI must be shared quickly and possibly in a manner in which others cannot be prevented from hearing or seeing it.	within the 60-day requirement b. Not notifying affected individuals or the Department of Health and Human Services Reporting Violations: 1. Internal reporting a. Tell the supervisor, compliance officer, or HR department b. Use anonymous reporting hotlines or compliance portals if available. 2. External Reporting to HHS Office of Civil Rights	

		Minimum Necessary Rule: Only access, use, or share the minimum amount of PHI required to complete your job or task. For example, a billing clerk doesn't need to access the patient's full chart, just insurance and billing information.	(OCR) a. OCR website: https://hhs.gov/ocr/privacy/hipaa/complaints/ b. Complete form including what happened, who was involved and dates of incident and any evidence. c. Submit complaint within 180 days of when you learned about the violation Tips to avoid violations: 1. Only access records when necessary for your job. 2. Use secure communication tools (no personal devices	

			or email) 3. Don't discuss patient information in public areas. 4. Follow your facility's HIPAA training and protocols.	

ASSESSMENT				
Directions	**Question:**	**Question:**	**Question:**	**Question :**
Write each stem as a performance-based scenario question set in a realistic context. *The question should connect with the action, LO, and content in the* ***corresponding columns*** *above.* *Ask yourself, "Can this assessment question be answered with the content written above in this template?" No matter what content you include when you develop the course later, if there is not enough content provided in this template to answer*	You work in the billing department of a multi-specialty clinic. You're printing out a patient's billing statement that includes their full name, date of birth, account number, diagnosis code, and treatment details. What information in the document do you need to keep protected because it qualifies as PHI?	You're a medical assistant at a busy clinic. During your shift, a patient's spouse approaches you at the front desk and asks for an update on their partner's lab results. The spouse is upset and says, "They always let me know what's going on. Just tell me if the results are back – please." What should you do next? (Select the BEST course of action)	You work in the Emergency Room (ER) and notice that your neighbor, Jeremy, is admitted during your shift. Later that evening, you go out to dinner with a group of friends who also know Jeremy. During the meal, you casually mention, "I saw Jeremey in the ER today. I wonder what happened." Which of the following best describes the HIPAA issue in this	

the question, you will need to expand the content above.			scenario?	
Directions	**Correct Response:**	**Correct Response:**	**Correct Response:**	**Correct Response:**
List the correct response to each question.	All of the above	Ask the patient in the exam room if they'd like you to share their results with their spouse.	This is a HIPAA violation because you shared PHI with individuals not authorized to receive it.	
Directions	**Distractors (Incorrect Responses)**	**Distractors (Incorrect Responses)**	**Distractors (Incorrect Responses)**	**Distractors (Incorrect Responses)**
List the distractors for each question. These distractors should be viable responses, based on the content you have included above, and not so unrelated that they are obviously wrong.	A. Full Name B. Diagnosis Code C. Account Number D. Date of Birth E. Only B - Diagnosis Code	• Print the lab results and give them to the spouse since they are a family member • Tell the spouse you're not allowed to share information without written patient concent • Avoid answering and tell the spouse to ask the provider directly	• There is no issue - Jeremy is a friend and the conversation was casual • It's only a violation if you share his diagnosis or treatment details. • It's acceptable to talk about patients as long as you don't disclose their full name or specific condition.	•
Directions	**Feedback for incorrect responses (What is the correct answer, and why?)**	**Feedback for incorrect responses (What is the correct answer, and why?)**	**Feedback for incorrect responses (What is the correct answer, and why?)**	**Feedback for incorrect responses (What is the correct answer, and why?)**
Provide clear feedback that explains what the correct answer is, and why it is correct.	PHI includes more than just medical diagnoses. It encompasses any identifiable health	HIPAA requires patient consent before sharing PHI, even with family members. The best	Under HIPAA, even acknowledging that someone received care is considered disclosure	

	information.	approach is to ask the patient directly if they with to share their results. Answer B is correct in principle but could escalate tension without offering a helpful path. C is the best course of action because it shows compliance and patient-centered care.	of PHI. Talking about Jeremey being in the ER, without his permission, is a violation, regardless of how little detail was shared. The conversation involved unauthorized disclosure to people not involved in his care.	
Directions	**Additional Question:**	**Additional Question:**	**Additional Question:**	**Additional Question :**
Include additional performanced-based scenario questions here. Note: You need to have a ***minimum of four*** *questions, so a couple of your LOs may have more than one question. Please fill in the additional questions in the appropriate column under the corresponding LO.* ***It is ok if some boxes are left blank in this section****, as long as you have at least four total questions.*		You are required to send a patient's lab results to an outside specialist via email. Which of the following methods would be the most secure and HIPAA-compliant way to disclose this information?	You're a receptionist at a family practice clinic. While delivering mail to the nurses' station, you overhear a medical assistant talking loudly on the phone about a patient's test results, including the patient's name, diagnosis, and treatment plan. Several other patients and visitors are in the waiting area nearby and may have heard the conversation. You're unsure whether this was allowed, but it doesn't seem right. You're not sure what to do next.	

			What is the best course of action to take in this situation?	
Directions	**Correct Response:**	**Correct Response:**	**Correct Response:**	**Correct Response:**
***If** you have an additional question for this LO, list the correct response to each question.*		Use your organization's secure, encrypted email system to send the results after verifying the recipient's email address.	Report the incident to your clinic's HIPAA Privacy or Compliance Officer through the appropriate channel.	
Directions	**Distractors (Incorrect Responses)**	**Distractors (Incorrect Responses)**	**Distractors (Incorrect Responses)**	**Distractors (Incorrect Responses)**
***If** you have an additional question for this LO, list the distractors for each question.*	•	• Copy and paste the results into a regular email and send to them immediately. • Send the results as an attachment through your personal email account to speed up the process. • Fax the results to the specialist without confirming the fax number since it's been used before.	• Say nothing. HIPAA is the responsibility of clinical staff, and you're just the receptionist. • Talk to the medical assistant later and suggest they speak more quietly next time. • Tell a friend outside of work about what happened to get a second opinion.	•
Directions	**Feedback for incorrect responses (What is the correct answer, and why?)**	**Feedback for incorrect responses (What is the correct answer, and why?)**	**Feedback for incorrect responses (What is the correct answer, and why?)**	**Feedback for incorrect responses (What is the correct answer, and why?)**

***If** you have an additional question for this LO, provide clear feedback that explains what the correct answer is and why.*		HIPAA requires that any transmission of PHI be done in a way that protects the confidentiality and integrity of the information. Simply using a standard email system without encryption is not secure and could expose PHI to unauthorized access. Using a secure, encrypted email system ensures that the data is protected during transmission. Additionally, verifying the recipient's email address and identity helps prevent misdelivery to the wrong person.	The best and most compliant action is to report the suspected violation through your organization's official HIPAA reporting process. Everyone in the healthcare setting, regardless of role, is responsible for protecting PHI.	