



HIPAA Privacy and Security Policy

1. PURPOSE

This policy is to describe the student, faculty, and staff roles and responsibilities regarding the privacy and security of client protected health information.

2. SCOPE

- a. This policy applies to all RMCCD employees, management, contractors, student interns, and volunteers.
- b. This policy describes the organization's objectives and policies regarding maintaining the privacy of patient information.

3. DEFINITIONS

Term: Person

Definition: means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

Term: Protected Health Information (PHI)

Definition: means individually identifiable health information: Transmitted by electronic media; Maintained in electronic media; or Transmitted or maintained in any other form or medium. Protected health information excludes individually identifiable health information: In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; In employment records held by a covered entity in its role as employer; and Regarding a person who has been deceased for more than 50 years.

Term: Transaction

Definition: means the transmission of information between two parties to carry out financial or administrative activities related to health care. It includes the following types of information transmissions: (1) Health care claims or equivalent encounter information. HIPAA Administrative Simplification Regulation Text March 2013 17 (2) Health care payment and remittance advice. (3) Coordination of benefits. (4) Health care claim status. (5) Enrollment and disenrollment in a health plan. (6) Eligibility for a health plan. (7) Health plan premium payments. (8) Referral certification and authorization. (9) First report of injury. (10) Health claims attachments. (11) Health care electronic funds transfers (EFT) and remittance advice. (12) Other transactions that the Secretary may prescribe by regulation.

Term: Use

Definition: means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Term: Health Care Provider

Definition: means a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.



Term: Health Care

Definition: means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following: Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body

4. RESPONSIBILITIES

a. Management/Administration/Faculty

- 1) Establish program objectives
- 2) Approve privacy and security policy
- 3) Provide training for work force
- 4) Enforce sanctions
- 5) Designate Privacy and Security Official
- 6) Processes Business Associate Agreements (BAA)

b. Privacy and Security Official

- 1) Develops privacy policies and procedures
- 2) Coordinates and implements policy through organization's departments
- 3) Oversees training
- 4) Receives and processes privacy and security complaints
- 5) Processes individual rights requests
 - a) Right to access/copy protected health information (PHI)
 - b) Right to amend PHI
 - c) Right to restrict use/disclosure
 - d) Right to confidential communications
 - e) Right to an accounting of disclosures
 - f) Right to file a complaint
- 6) Ensures retention of HIPAA policies and procedures, complaints, and investigative materials to meet compliance requirements.

c. Director of Clinical Education

1. Develops and implements privacy training program as described in Section 11 of this policy
2. Documents the delivery of privacy training to all work force members
3. Implements organization's privacy policy for medical records
4. Provides administrative and physical safeguards for the protection of client health information

d. Clinical Supervisor/Student/Staff

- 1) Understand and comply with organization's policies regarding patient confidentiality and privacy
- 2) Complete assigned HIPAA training
- 3) Read, understand, and sign Confidentiality Agreement

5. DESIGNATED RECORD SET

- a. Electronic Medical Record and Scheduling Software
- b. Clinicnote.com

6. NOTICE OF PRIVACY PRACTICES (NPP)

- a. NPP is offered to each client at intake and is available on the RMCCD website.
- b. The organization will make a "best effort" attempt to receive acknowledgment of receipt of NPP from each patient and document such in the patient's medical record. The Consent to Treat is the form most likely to represent acknowledgment of receipt.



7. MINIMUM NECESSARY POLICY

- a. Clinical supervisors and students may access only those records pertaining to individuals on their caseload or when directed for educational purposes.
- b. Staff may access records for clients as necessary to complete the scheduling and management of the caseload.
- c. Faculty may access client information for educational purposes following notification to the Director of Clinical Education.

8. USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

- a. Please consult the Notice of Privacy Practices for information regarding use and disclosure.

9. INDIVIDUAL RIGHTS

Clients have the right to each of the following and may access those rights by contacting the Clinic administrative assistant and/or the Director of Clinical Education.

- a. Right to access/copy PHI
- b. Right to amend PHI
- c. Right to restrict use or disclosure
- d. Right to confidential communications
- e. Right to an accounting of disclosures
- f. Right to file a complaint

10. SAFEGUARDS FOR THE PROTECTION OF PHI

- a. Administrative safeguards: Policies are in place explaining roles and responsibilities, HIPAA education is provided, and a protocol for addressing HIPAA violations is in place.
- b. Physical safeguards: The computer designated for scheduling and check in for clients is located in the lobby, therefore, extra accommodations must be made to safeguard PHI. The computer screen is positioned to angle toward the wall making it difficult for anyone in the lobby area to see the screen. The computer is positioned below the level of the reception desk walls to make it more difficult for anyone in the lobby area to see the screen. There is video surveillance in place in the lobby allowing for retrospective review of any perceived risk and for audit purposes.
- c. Technical safeguards: All employees and students have unique identifiers to access the computer system. The EMR system is capable of audit for access. The computer is set to auto logout and the computer is logged off when no receptionist is present.

11. WORK FORCE TRAINING

- a. A computer-based education program is in place and administered through the WebStudy course management software system.
 - 1) New employee/student training: Within two weeks of hire
 - 2) Recurrent training: Annually
 - 3) Special function training: Based on identified risks as necessary

12. BUSINESS ASSOCIATE AGREEMENTS

- a. Business associate agreements will be managed by administration as appropriate to the use of PHI.

13. EMPLOYEE/STUDENT COMPLAINTS

- a. All complaints or possible HIPAA violations are to be reported to the HIPAA privacy and security officer/official, at RMCCD, the Director of Clinical Education. No retribution or negative consequence for a complaint or report of violation is allowed.



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14. SANCTIONS

Employees found in violation of HIPAA will be referred to Human Resources and the Program Director for follow up. Consequences may include re-education, suspension, and any other disciplinary action up to termination.