Policy Statement

This policy establishes HIPAA privacy training standards for Texas Tech University Health Sciences Center’s workforce members in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) requirements.

Scope and Definitions

1. **Scope.** This policy applies to all workforce members of TTUHSC health care components as designated in HPP 1.3 Hybrid Designation. This policy does not apply to TTUHSC Business Associates as that term is defined in 45 CFR 160.103.

2. **Workforce Member.** TTUHSC workforce member means employees, residents, students, volunteers and other persons whose conduct, in performance of work for TTUHSC, is under the direct control of TTUHSC, whether or not they are paid by TTUHSC. It does not include Business Associates or their employees and agents. See 45 CFR 160.103.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Term](http://www.ttuhsc.edu/hipaa/policies_procedures.aspx)

Policy

All TTUHSC workforce members are required to complete initial and refresher HIPAA privacy training and education as set forth in this policy.

Procedure

1. **General**
   a. **Training Materials.** The Institutional Privacy Officer (IPO) is responsible for developing and/or approving the HIPAA privacy training materials necessary to satisfy the training requirements outlined in this policy.
   b. **Training Modalities.** Various methods may be used to deliver HIPAA Privacy training, including, but not limited to, live, video-tape, internal/external web-based sessions, e-mail, memorandum, newsletters or any combination thereof. The IPO, Regional Privacy Officers (RPO) and/or their designees shall provide any live HIPAA Privacy training provided under this policy.
c. **Tracking.** Unless otherwise noted, the IPO and RPOs are responsible for tracking completion of HIPAA Privacy training required by this policy.

d. **Supervisors/Directors.** It is the responsibility of the supervisor/director of each TTUHSC health care component to make sure the workforce members under his/her supervision timely completes the HIPAA privacy training required under this policy.

2. **Training**

   **Orientation.** All TTUHSC workforce members shall receive initial HIPAA Privacy and Security training as part of new employee orientation and shall sign the Confidentiality Agreement, Attachment B of TTUHSC OP 52.09, [http://www.ttuhsc.edu/hsc/op/op52/op5209b.pdf](http://www.ttuhsc.edu/hsc/op/op52/op5209b.pdf). Training should be completed within thirty (30) days of employment.

   a. **TTUHSC Research.** All TTUHSC clinical researchers, co-investigators and research staff must complete the HIPAA Privacy module contained within the Collaborative IRB Training Initiative (CITI), Protection of Human Research Subjects administered by the University of Miami. This training may be in addition to any other HIPAA privacy training that is required to be completed by TTUHSC workforce members.

   b. **Refresher Training.** All TTUHSC workforce members will be required to take refresher training as offered.

   c. **Additional Training.** The IPO and/or RPOs may require TTUHSC workforce members to complete additional HIPAA privacy training to address non-compliance and/or minimize the risk of future non-compliance.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or [www.ethicspoint.com](http://www.ethicspoint.com) under HSC.

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**Approval Authority**

Questions regarding this policy may be addressed to their RPO (Amarillo, El Paso, Permian Basin), the IPO or the Institutional Compliance Officer.

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**Responsibility and Revisions**

This policy may be amended or terminated at any time.