



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Operating Policy and Procedure

HSC OP: 10.05, **Information Privacy and Confidentiality Statements**

PURPOSE: The purpose of this Health Sciences Center Operating Policy and Procedure (HSC OP) is to set forth TTUHSC policy concerning the confidentiality of all information made confidential by law or TTUHSC policy.

REVIEW: This HSC OP will be reviewed on May 1 of each odd-numbered year (ONY) by the Assistant Vice President for Human Resources, the Director of Student Services, the Registrar and the Senior Associate General Counsel and forwarded to the President by June 1.

POLICY/PROCEDURE:

1. General Policy.

- a. Anyone who has access to private and personally identifiable information concerning TTUHSC employees, faculty, students, patients, affiliates or others who have access to any information made confidential by TTUHSC policies or law (including, but not limited to, the Family Educational Rights and Privacy Act of 1974, the Health Insurance Portability and Accountability Act of 1996, and the Gramm-Leach-Bliley Act of 1999) will take reasonable and necessary steps to maintain the privacy of such information. "Private and personally identifiable employee information" includes, but is not limited to, social security numbers, driver's license numbers, unpublished home addresses or phone numbers, personal account numbers, computer passwords and accounts, financial information, collection of credit card information for services, and protected health information (e.g., patient records and information).
- b. Use or disclosure of protected health information shall be governed by TTUHSC OP 10.17, HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).
- c. Use or disclosure of certain financial information that is covered by the Gramm-Leach-Bliley Act of 1999, 15 U.S.C. 6801, et.seq, implemented by 16 C.F.R. Part 314, shall be governed by the TTUHSC INFORMATION SECURITY PLAN FOR FINANCIAL INFORMATION (Attachment C). "Financial information" includes, but is not limited to, information obtained in connection with the award and issuance of student loans.
- d. TTUHSC shall require the completion of a CONFIDENTIALITY STATEMENT (Attachment A) from faculty, employees, students, and affiliates prior to employment or affiliation with TTUHSC and a CONFIDENTIALITY OF STUDENT RECORDS form (Attachment B) by employees prior to accessing the Student Information System.
- e. With the exception of those parts of this policy governed by other TTUHSC Operating Policies or Procedures, responsibility for implementing this policy shall rest with the Assistant Vice President for Human Resources for all personnel; the respective Dean of each School; the Registrar; and the individual or entity designated by the Regional Dean for each regional campus. These entities or individuals shall develop procedures to assure the proper execution of a Confidentiality Statement by all individuals in their area of responsibility. These entities or individuals shall also develop procedures whereby the properly executed Confidentiality Statements will become a part of personnel or student record.

2. **Suggested Departmental Safeguards.**

Each department is responsible for establishing policies and procedures necessary to implement this HSC OP. When appropriate, departments should utilize the following practice to protect private or personally identifiable information:

a. **Printed Copies.**

Use - Records containing private or personally identifiable information should be secured when not in use. For example, the records may be locked in a desk drawer or filing cabinet. Departments should review documents and ensure all but the last four digits of the consumer credit card account number is not readable before scanning or exporting paper documents into an electronic document management system.

Disposal - When necessary to discard documents containing private or personally identifiable information, such documents should be disposed of by shredding or a comparable method designed to ensure privacy.

b. **Electronic Data.**

Persons with access to electronic data containing private or personally identifiable information should take adequate steps to ensure that such information is not used by or made accessible or released to unauthorized sources. When necessary to erase files containing such information, the files should be erased completely so that the information contained in the files cannot be recovered by undeleted programs.

c. **Review of Departmental Processes.**

A department should be aware of the types of information being gathered within the department, such as sign-in sheets, forms of identification, retrieval and use of records and posting of information. A department should determine the necessity of obtaining private or personally identifiable information and revise processes where appropriate.

d. **Other.**

The effort to safeguard private or personally identifiable information should not be limited to the above three categories. Changing technologies or laws may make additional safeguards necessary.

3. **Reporting Violations.**

- a. Personnel or students at TTUHSC who know of or suspect a violation of this policy shall report that incident promptly to their immediate supervisor, the appropriate dean, the Registrar and the Director of HSC Student Services, or when appropriate, in accordance with TTUHSC Information Security Plan for Financial Information, TTUHSC OP 56.01 - USE OF INFORMATION TECHNOLOGY RESOURCES, and/or TTUHSC OP 10.17 - Health Insurance Portability and Accountability Act (HIPAA). In cases where the immediate supervisor is the known or suspected violator, employees shall report the known or suspected violation to the next higher administrative supervisor.
- b. Responsibility for notifying faculty, employees, students and affiliates of this policy shall rest with the Assistant Vice President for Human Resources for all personnel; the respective Dean of each school; the Director of HSC Student Services; the Registrar; the individual or entity designated by the Regional Dean for each regional campus; and when appropriate, those individuals designated by TTUHSC Information Security Plan for Financial Information, TTUHSC OP 56.01-Use of Information Technology Resources, and/or TTUHSC OP 10.17 - Health Insurance Portability and Accountability Act (HIPAA).
- c. All information acquired in the investigation of any known or suspected violation of this policy shall be confidential unless disclosure is authorized or required by law.

4. **Disciplinary Action.**

- a. **Personnel.** Personnel found to be in violation of this policy may be terminated immediately and may be subject to additional legal action.

The procedures set forth in Section 6 of TTUHSC OP 70.31, STANDARDS OF CONDUCT, DISCIPLINE, AND SEPARATIONS FOR NON-FACULTY PERSONNEL shall apply to non-faculty personnel.

The procedures set forth in Sections 9 and 10 of *Regents' Rules* 04.03, TENURE-TTUHSC, shall apply to faculty personnel.

- b. **Students.** For the purpose of this policy, "students" shall refer to all students enrolled at TTUHSC, TTU, or an affiliated institution, who, as part of their curriculum, attend or participate in clinical classes at TTUHSC. Additional policies and procedures concerning students are set forth in the Code of Professional and Academic Conduct in the TTUHSC Students Affairs Handbook.
- c. **Affiliates.** For the purpose of this policy, "affiliates" shall refer to volunteers and other non-student or non-employee individuals working in TTUHSC facilities. Violation of this policy will result in loss of privileges, removal from institutional facilities and possible legal action.

5. **Right to Change Policy.** TTUHSC reserves the right to interpret, change, modify, amend, or rescind this policy in whole or in part at any time without the consent of employees.